CERTIFICATE OF DEATH

15771

		0					- L 6	1 2 2 7	
12	PLACE OF DEATH				2. USUAL RESIDENCE (V			ence before adn	nission)
	o. COUNTY	Pro Georges	M	ARYLAND	o. STATE Maryl	and	b. COUNTY P	o Georg	res
	b. CITY OR TOWN (If outside carparote limits.	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If au	itside corporate limits,			
	New Carr	give neorest town)			New Carrol	Iton. Md.		1	6-1
-			hospital, give street address)		d. STREET ADDRESS	20011		e. IS	RESIDENCE
	8318	Nicholson s	t		8318 Nich	olson st		YES	A FARM?
3.	NAME OF	First	Middle		Lost	4. DATE	Month	Doy	Year
	DECEASED (Type or print)	BESSIE	H.	£	ALLEN	OF DEATH	Nov.	14,	19 67
S.	SEX		MARRIED NEVER MARE	RIED B.	DATE OF BIRTH	9. AGE (In	years IF UNDE		NDER 24 HR
	female	white	WIDOWED N	CED 🔲 Au	g 12, 1882	85 bir	yrs. Manins	Days Ha	urs Min.
100	. USUAL OCCUPATION	(Give kind at work dane	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fareign coun		CITIZEN OF WHA	AT .
SIUI	ing most of working	.fe	INDUSTRY Ilome		Washingt	on D. C.		J S A	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME			
	Willia	m Jerome Ber	on		Amelia T	schsaelli			ž.
		R IN U.S. ARMED FORCES? (If yes give war or dates af se	16. SOCIAL SECURITY NO). 17. INF	ORMANT		Address		-
411	no	fit has dive wat or pages at se	(A)Ca)	Amel	ia Morton	New Cari	collton,	Md.	
	IB. CAUSE OF D	EATH (Enter only one couse (per line for (a), (b), and (c),	20	50.06	ALL TA	i IAR		BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CARDIA	c-Ke-	SPIRATE	my AM	ILVRE	UNSELA	ND DEATH
	4200	DUE 10	10.76	Diste	LONAR	FDE	MA	10	DAY
	Conditions, if ony rise to immediat	, which gave) (b)	ACUTE	, Upin	-, -, -, -,	7-07-	67)	-	770
	stating the unde		ACUTE	ART	ERIOSC,	E EROTI.	C HEHR	7	
	lost.) (c)					Dide	NSI	
S	PART II. OTHER SI	GNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE	TERMINAL DISEASE CON	NDITION GIVEN IN PAR	T 1(e)	19. WAS PERF	ORMED?
S								YES	NO 4
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY	OCCURRED. (En	ter nature at injury in	Part I ar Part II of ite	m 18.)		
AL C		MEDICAL EXAMINER)	DO L ANNUAL OCCUPATION	T 20 NI + 55	or hitiply #1	001 (6)			15
MEDICAL	Hour a.r		20d. INJURY OCCURRED While And While		OF INJURY (Hame, farm , street, affice bldg., etc.)		idwn) (t	County)	(Stote)
	p.i		ot work L at work L	<u>J</u>	11/11	2/2-7	/////	/=: .	
			ol) ottended the decease	d from	1/4	967 to 1	1/4, 19	67, that (!) (we) I
	22g. SIGNATURE	eceased alive on			ledili occurred di	I F-M, Hom		DATE SIGNED	ored one
	22d. SIGNATURE	Max Mit	tergberg	M.D.	ATTENDING PHYS.	MED. STA	YS. Dra	14.1	967
	22c. PHYSICIAN'S NAME (Type)	MAX M.	HERZBE	RG	3308 Sloot	ge Park	Rd La	ndore	z m
230	D. BURIAL CREMATIC	ON. 23b. DATE THEREC	OF 23c, NAME OF C	EMETERY OR CR	EMATORY .	23d. LOCATION (Lity or Town)	(County)	(Stote)
	REMOVAL (Specify Burial		11		Cemetery		ngton D.	, , , ,	1
24	I. FUNERAL DIRECTO		ADDRESS			BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	
	F. Gasch	's Sons Hy	attsville, Md		DATE	NOV 17 1	367 MCL	contey !	unda)
					NO.	LULY I S S	of the State of th	V /	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours offer-deoth 25M 1/67

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Surange			7

	15786				CERTIFI	CATE	OF DEATH			15	772		
	PLACE OF DEATH o. COUNTY	Prince Geo	rges		MARYL	AND	2. USUAL RESIDENCE (a. STATE	Where deced		stitution: Resi COUNTY	dence befor	re admissia	n)
	b. CITY OR TOWN (I write RURAL and Glenn	f autside carparate limit give nearest tawn) Dale (rura AL OR INSTITUTION (If n	s, 1)	lyı	NGTH OF STAY IN		c. CITY OR TOWN (If an Washingt		,	e RURAL and		st tawn) 47 e. IS RESID	FNCE
	4	ale Hospit		ii, give sii	eer address)		1850 Pot	omac	Ave.,	S. E.		ON A FA	
	NAME OF DECEASED (Type or print)		rst ustus		Middle	And	lerson	4. DATE OF DEATI		Manth 11	Day 7	19	67
S. :	M M	6. COLOR OR RACE	7. MARRIE WIDOWE		NEVER MARRIED DIVORCED		B. DATE OF BIRTH 1/15/1889		9. AGE (In year 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	ors IF UND Month yrs.	DER 1 YEAR Days	Hours	24 H
10a duri	. USUAL OCCUPATION ing most of working ? retir		10b.	INDUSTRY	BUSINESS OR CHOWN		11. BIRTHPLACE (County S. C. (S	& State, or f umter			COUNTRY?		
13.	FATHER'S NAME Hardy A	nderson					14. MOTHER'S MAIDEN Mary Jet		3				
15. {Ye	WAS DECEASED EVE is, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service)	6. SOCIAL	SECURITY NO.		nformant ecedent			Address			
	18. CAUSE OF DE PART 1. DEAT	ATH (Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE	use per line l Cer (a)	far (a), (b rebro), and (c).) vascula	r ac	cident					ERVAL BET	
	Canditions, if any, rise to immediat	e cause (a)	(b) Cer	rebra	l arter	iosc	lerosis				У	ears	_
	stating the under	lying cause	(c) Ger				osclerosis	1				ears	
CATION	Cor pulm	onale due	to pul	G TO DEA	TH BUT NOT RELA	ysen	the terminal disease co	hial	en in part 10 asthma	a)		WAS AUTO PERFORME ES	D? NO
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b.	DESCRIBE	HOW INJURY OC	CURRED.	(Enter nature of injusy in	Part I ar Pa	art II af item 18	B.)			
MEDICAL	20c. TIME OF INJU Haur a.n	10	Wh		OCCURRED Not While		CE OF INJURY (Hame, farr ary, street, affice bldg., etc.		(City or tow	n)	(Caunty)	(:	State
		y that 🖄 (this has	pital) atte	ended ti	ne deceased f 19 67 , a	ram nd tha	9/23/ t death accurred at				9 <u>67,</u> th		
	220. SIGNATURE	Mary 1	Min			J.M.	1.51 20	MED. DIRECTOR				/7/67	
	22c. PHYSICIAN'S NAME (Type)	Moe Weis	s, M.	D.			22d. ADDRESS G	lenn I	Dale Ho Dale, M	spital	•		
230	BURIAL, CREMATIC REMOVAL (Specify				NAME OF CEMET		RIAL CEMETE	RY PR	LOCATION (City INCE GE	ORGE !	-	RYLAN	ote)
2	FUNERAL DIRECTO	Rene	COCA	31	ADDRESS	17	250. REC	D BY REGIST	1967	b. REGISTRAR	SIGNATU	Jung	e.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after death Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely, filled of by the funding clinical propers. Pages 1 a director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 a should be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after d

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2000	A		CERTIFIC	CATE	OF DEATH			10	11.	3	
PLACE OF DEATH O. COUNTY	Prince Georg	es	MARYLA	AND	2. USUAL RESIDENCE (o. STATE Ma.)	Where deceo	sed lived, if institu b. COU	tion: Reside	Geo	e odmissi	on)
b. CITY OR TOWN Crite RURAL of Chever	(If outside corporate limits, and give nearest town)		c. LENGTH OF STAY IN	16	c CITY OR TOWN (If or Rive:	rdale,	ote limits, write RU				-1
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in Georges General				d. STREET ADDRESS 6819 II	ngraha	m st			e. IS RESII ON A F	DENCE ARM? NO X
3. NAME OF DECEASED (Type or print)	First John	A	Middle A	nder	Lost	4. DATE OF DEATH	Mon Nov	th	28,		67
s. SEX male	6. COLOR OR RACE 7	. MARRIED WIDOWED	NEVER MARRIED DIVORCED		pril 9, 19		AGE (In years less birthday) yrs.	IF UNDER Months	Doys	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of working Public	ON (Give kind of work done g life, even if retired) relations		ND OF BUSINESS OR DUSTRY DISTRE		11. BIRTHPLACE (County Md.	& Stote, or fo	reign country)	12. C	ITIZEN OF OUNTRY?	WHAT	
	lan Anderson				14. MOTHER'S MAIDEN Hilda	NAME Hepz					
15. WAS DECEASED E (Yes, no, or unknown NO	VER IN U.S. ARMED FORCES? (If yes give wor or dates of s	ervice) 16. S	SOCIAL SECURITY NO.		ormant elyn W Ande	erson	Cheverl		Md.		
Conditions, if or rise to immediate stoting the unclust.	y, which gove) (b)		Rterio	7	notic He	art	Disc	188			
20a. ACCIDENT W	SIGNIFICANT CONDITIONS CON AS UNDERLYING G CAUSE OF DEATH		O DEATH BUT NOT RELAT							WAS AUT PERFORM ES	
20c. TIME OF IN	Y MEDICAL EXAMINER) UURY Month, Day, Year o.m. 19	20d. IN While at work	- Not While -	20e. PLACE foctor	OF INJURY (Home, form y, street, office bldg., etc.	n, 20f.	(City or town)	(Co	ounty)	_ 1	(State)
saw the	tify that (1) (this haspit deceased alive an)		led the deceased fr	Will	death occurred as		a 11 2 P 1, fram causes		he date		we) la: I abov
22c. PHYSICIAN	MALLET			M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF C	22b. [DATE SIGN	P/C)	
	Robert D.	Deit	z, M.D.			Geor	ge s Pl	aza -			
230. BURIAL, CREMAI Burial Burial	(y) Dec 1, 1		23c. NAME OF CEMETE Mt Olivet		etery	Wa	CATION (City or To	1 D. (itote)
24. FUNERAL DIRECT		yattsv	ADDRESS ville, Md.			D BY REGISTE		EGISTRAR'S	- 4		

s after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled-in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers, shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 22 hau

VR A15 (4) 25M 1/67

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TETAL TOTAL 4-147,5201041 the property adversary of the color • the state to be a state of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, **BALTIMORE, MARYLAND 21201** W. PRESTON STREET,

	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (V	Where deceased lived, if instit	tution: Residence b DUNTY	pefare admission)
,		MARYLAND				
1	b. CITY OR TOWN (If autside corporate innis, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	nd Pri Itside corparate limits, write R	RURAL and give no	earest Town)
	Cheverly	4 days		llsville		16 /
	d. NAME OF HOSPITAL OR INSTITUTION (If not in has		d. STREET ADDRESS	nrise Road		e. IS RESIDENCE ON A FARM? YES NO
3	Prince Georges General NAME OF First DECEASED	Middle	Last		onth	Doy Year
	(Type or print) I.loyd	E	Anderson		lov.	22 19 67
S. :	wind	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Oct.	9. AGE (In years last birthday) 908 58 yrs.	Manths Do	AR IF UNDER 24 HRS bys Haurs Min.
10a duri	Unite Usual Occupation (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR W INDUSTRY D		& State, or fareign country)		N OF WHAT
_	FATHER'S NAME Albert Ander	rson	14. MOTHER'S MAIDEN Mae N	NAME offett		
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dates of service	16. SOCIAL SECURITY NO. 17.	INFORMANT len D. Ander		dress	Md.
	IB. CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY:	<u> </u>	Ten D. Midel	Son Mitener		INTERVAL BETWEEN ONSET AND DEATH
	IB. CAUSE OF DEATH (Enter only one cause per in PART I. DEATH WAS CAUSED BY: 7 9 5 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last. (c)	ine for (a), (b), and (c).) Undetermined	1-			INTERVAL BETWEEN ONSET AND DEATH
	IB. CAUSE OF DEATH (Enter only one cause per in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o). Stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE	ine for (a), (b), and (c).) Undetermined	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	IB. CAUSE OF DEATH (Enter only one cause per in PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o). Stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE	ine for (a), (b), and (c).) Undetermined	THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)		INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
	IB. CAUSE OF DEATH (Enter only one cause per in PART I. DEATH WAS CAUSED BY: 1955 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (o). Stating the underlying cause (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUT	ine for (a), (b), and (c).) Undetermined JIING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED While Not While of work	THE TERMINAL DISEASE COI (Enter nature of injury in ACE OF INJURY (Hame, farn tary, street, office bldg., etc.	Port I at Part II of item 18.) n, 20f. (City ar town)	(County	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (Stote)
CAL CERTIFICATION	IB. CAUSE OF DEATH (Enter only one cause per in PART I. DEATH WAS CAUSED BY: 1 95	ine for (a), (b), and (c).) Undetermined ITING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED for atwark of work of work of the deceased from	THE TERMINAL DISEASE COI (Enter noture of injury in ACE OF INJURY (Home, farn tary, street, office bldg., etc.	Port I ar Part II of item 18.) n, 20f. (City ar town)	(County	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (Stote)
CAL CERTIFICATION	IB. CAUSE OF DEATH (Enter only one cause per in PART I. DEATH WAS CAUSED BY:	ine for (a), (b), and (c).) Undetermined ITING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. 20d. INJURY OCCURRED for atwark of work of work of the deceased from	THE TERMINAL DISEASE COI (Enter nature of injury in tary, street, office bldg., etc. Nov. 18, , it death accurred at ATTENDING D. PHYS.	Port I ar Part II of item 18.) n, 20f. (City ar town) 1967, to Nov. 2 6.00AM fram cause	(County 22 , 1967 s and an the 22b. DATE	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (Stote) , that (%) (we) la date stated abay
CAL CERTIFICATION	IB. CAUSE OF DEATH (Enter only one cause per in PART I. DEATH WAS CAUSED BY: 1 95	ITING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED. While Nat While atwark of work of the deceased from 19_67, and the	THE TERMINAL DISEASE COI (Enter nature of injury in ACE OF INJURY (Hame, farn tary, street, office bldg., etc. Nov. 18, , 1 if death accurred at ATTENDING PHYS. 22d. ADDRESS	Port I ar Part II of item 18.) n, 20f. (City ar town) 1967, to Nov. 2 6.00AM, fram cause	(County 22 , 1967 s and an the 22b. DATE 22b. DATE	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (Stote) 1) (Stote) 1) (Stote) 1) (Stote) 2 - 1967

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and director, page 3 should be diled with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after dead VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1578			CERTI	FICATE	Ur DEA	IH			21	12	
	LACE OF DEATH	*					ENCE (Where d	eceosed lived, if institu		ce before	odmissio	on)
l °	PRI	NCE GEORGI	Đ	MA	RYLAND	o. STATE	ARYLAND	b. COU		NCE	_GEO	RGE
Ь	CITY OR TOWN (f outside corporate limit	s, c.	LENGTH OF STAY	r IN 1b			rporate limits, write RI				
	CHEVE	give pearest town)		D.O.A.	•	CI	HEVERLY	Ž.			18	-/
d	. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol, give	street oddress)		d. STREET ADDR	200			-	ON A FA	ENCE ARM?
7	PRINCE	GEORGE GEI	VERAL HO	SPITAL		5903 I	EUCLID	ST.			YES 🔲	
	IAME OF	Fi	rst	Middle		Lost	4. DA			Doy	Yeo	
	ECEASED Type or print)	THO	OMAS	G.		ANDREWS	DE DE	ATH INO		4	196	
S. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		DATE OF BIRTH		9. AGE (In years last hirthdoy)	IF UNDER Months	1 YEAR Days	IF UNDER Hours	24 HRS.
	MALE	CAU.	WIDOWED	DIVORO	ED .	16 NOV.	1915	Yrs.				
		(Give kind of work done life, even if retired)		OF BUSINESS OR				or foreign country)		TIZEN OF		. ^
_	o most of working.	Y	UNI.	of Mary	yland	Nel					U.S	. A
13.	FATHER'S NAME					14. MOTHER'S N						
		. ANDREWS	1		1 10 1		GARET I	HUBBARD				
	, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates o	of service)	IAL SECURITY NO.		NFORMANT	4 2 .	Add			//0	
	NO			14-2986	S Vi	vian N.	Andrev	vs, Wife,	same		#2	
		ATH (Enter only one coursely WAS CAUSED BY:		4 7	-	veren	_				SET AND D	
	4201	IMMEDIATE CAUSE	(-)	ridson	20	Vucun	0 .			12	wz	
	Conditions, if ony,	DUE	/ Al	ronar	, H	Crown 1	horsi			1/1	urs	
	rise to immediate	e couse (o),	(-)	- inc	7	oct og i	4 7 1			5		,
Н	stoting the under	lying couse	(c) ark	onoxa	eriol	ne new	er our	tease.		10	y ear	y
		GNIFICANT CONDITIONS C	* * ***********************************	EATH BUT NOT R	RELATED TO T	HE TERMINAL DISE	ASE CONDITION	GIVEN IN PART 1(o)	*	19.	WAS AUTO	OPSY
CERTIFICATION										Y	PERFORMI ES	NO X
SE	20o. ACCIDENT WAS	UNDERLYING	20b. DESCRI	IBE HOW INJURY	OCCURRED.	Enter noture of in	njury in Part I o	r Port II of item 1B.)		-	Normal .	
	OR CONTRIBUTING (IF EITHER, NOTIFY I											
MEDICAL	20k. TIME OF INJU	IRY Month, Day, Year		RY OCCURRED		E OF INJURY (Ho		20f. (City or town)	(Co	unty)	(State)
E E	Hour o.n	2.0	While of work	Not While] facto	ory, street, office bi	ldg., etc.)					
	21. I certif	y that (I) (this has	pital) attended	the decease	d fram	an. 1st	, 1962	, ta Nov. Y	4 , 196	Z, th	of (I) (v	we) last
	saw the de	ceased alive on	000. Tr	196_/	, and that	death occurr	red at 813	M, from couses	ond on t	he dot	e stoted	l obove.
	220. SIGNATURE	1.6.	1 -	14-1		ATTENDING	MED.	STAFF F		ATE SIGN		
		112 Itc	spens a	ery.	M.D	. PHYS.	DIRECTI			/5/	67	
	22c. PHYSICIAN'S NAME (Type)	Till Berg	lemann	MD		22d. ADDRE	:22	Greenb	elt, N	Mar	yland	d
					ALFERDAL OR	OF HATONY	1 00					
730	BURIAL, CREMATIO REMOVAL (Specify)	}		23c. NAME OF CE		CEMETE		d. LOCATION (City or T COLMAR MA		(County		tote)
24	Burial FUNERAL DIRECTO	11/7/	67	ADDRESS	- CONTRACT		io. REC'D BY RE		REGISTRAR'S	IGNATU		
	TOTAL DIRECTO	IX.	Home Hy	UNDUITIN			THE PLANT OF THE	Warrant III Calle I	an extendition of a			

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled-in by the director, page 3 should be detoched for use as the buriol-transit permit. Then pleose remove corbon papers. Pages should be filed with the State Dept. of H≡alth prior to buriol, cremotion, or removal, and in any event, within 72 hours of the constant of the cons Page 4 may be retained by the hospital or attending physicion.

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Reg. Dist. No.

Maryland	Prince	George	3
c. CITY OR TOWN (If autside carparate	limits, write RURAL	and give neares	t tawn)
Mt.Rainier			
d STREET ADDRESS		e l	S RESIDENCE ON A FARM?
3924 - Wells Av	e.		ES NO X

	DECEASED (Type or print)	SARAI	4 Ade	line	AP	PELL	OF DEATH	Nov	_	E I',	19 <i>6</i>
	sex 'emale	White	MARRIED I	DIVORCED	L-1	TE OF BIRTH /20/188	0	9. AGE (In years last birthday) 87 yrs.	Manths		UNDER 24 HRS. aurs Min.
100	USUAL OCCUPATION during most of work	DN (Give kind of wark do ing life, even if retired) WIIP	ne 10b. KIND O	F BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (S West V	-	- 1		ZENOF WI	HAT COUNTRY?
13.	FATHER'S NAME				14	. MOTHER'S MAID	EN NAME				
	Mason	E. Young				Mollie	D. She	ets			
15. (Ye		R IN U. S. ARMED FORC If yes, give wer or dates of serv	rice)	SECURITY NO. 09-6659	Art		Appell	Jr. (a	bove_	addr	·ess)
		TH {Enter only one coust TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e per line far (a). (b) ond (c).]	na	my.	ede	(Sond)			AL BETWEEN AND DEATH
	Canditians, if an										
	cause (a), stating I lying cause last.		art	Tuo	- Oe	with	-ke	entale	00	0	
CATION	PART II. OTH	ER SIGNIFICANT COND	TIONS CONTRIB	UTING TO DEATH	BUT NOT	RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	VEN IN PAR	' P	VAS AUTOPSY ERFORMED? S NO []
ZIF	20a. ACCIDENT WA	S UNDERLYING 1 2	Ob. DESCRIBE HO	OW INJURY OCC	URRED. (Er	ter nature of injury	y in Part I ar Poi	rt tl of item 18)			

MEDICAL of wark at wark 21. I certify that I attended the deceased fram

Day, Year

(County)

(State)

(State)

196 That I last saw the deceased and that death accurred at 5 M, fram the causes and an the date stated above.

20e PLACE OF INJURY (Home, form,

factory, street, office bldg., etc.

ACTUAL SIGNATURI

20d INJURY OCCURRED

Not while

PHYSICIAN'S NAME (Type)

22b DATE THEREOF 22a. BURIAL, CREMATION, REMOVAL (Specify)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY

Haur a.m.

22c. NAME OF CEMETERY OR CREMATORY Ft.Lincoln Cemetery 22d. LOCATION (City, tawn, ar county) Colmar Manor, Md.

Nalley's ADDRESSMt . Rainier, 23. FUNERAL DIRECTOR'S SIGNATURE Maryland Funeral Home Inc.

24g. REC'D BY REGISTRAR

20f. (City or town)

24h. REGISTRAR'S SIGNATURE

he registrar

has been signed

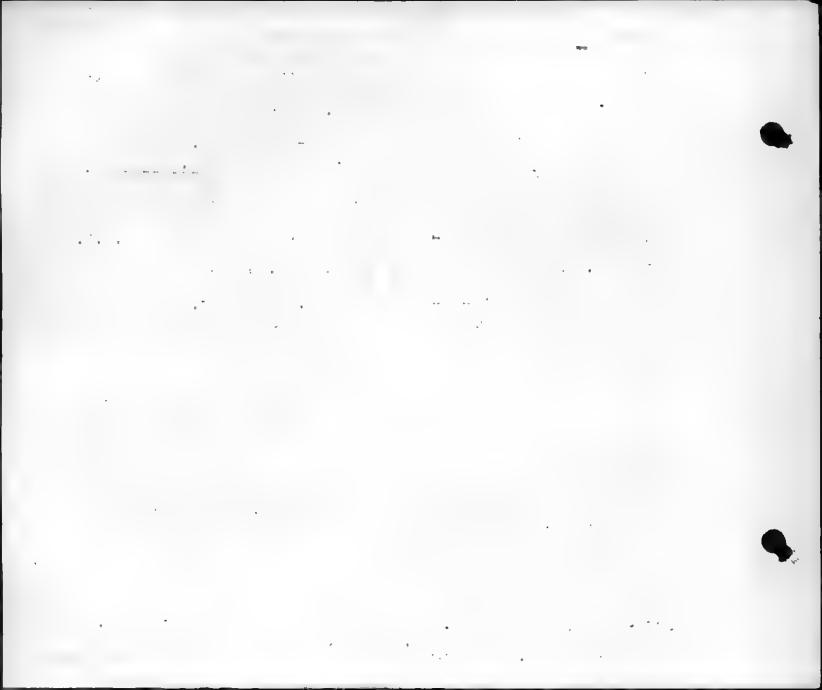
page 3 shauld be detached

may be retained TO FUNERAL DIRE

VS A15 (4)

15M 9/5B

prior to burial



CERTIFICATE OF DEATH

17414

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death	uneral and 2 r death			COUNTY	Prince Ge	orge's	MARY	LAND	2. USUAL RESIDENCE o. STATE Mar	(Where decear	sed lived if institut b COUT	on Residence before Prince	George
藩	he fu ges i	~	-	CITY OR TOWN (If outside corporate limits	s,	c LENGTH OF STAY II		c. CITY OR TOWN (IF	outside corpore			
S.		7		write RURAL and	cheverly		4-1/2 hrs			er Mar		*	111
品	Pers. Po				AL OR INSTITUTION (If no	ot in hospital, gi	ive street oddress)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?
24 م	<u>₽</u> 8.5	171		Princ	e George's	Genera:	l Hospital		Rt.	301, 1	Box 4775		YES NO
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₹	lete arb	. 4		Type or print)		wis	G.		Armstrong	OF DEATH		ber 24,	19 67
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cate	sicia olea: , an	7		TO DROCO	raimer	OW	a Paim		Marylan			U. S.	A.
#	physician (hen please	6			arsons Ar	matro	nø		Sarah An		n		
e -		- 5	75	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17 1			xford M	A Manl	ton Md.
deat	tend mit.	-	(Y <u>e</u>	s, no, or unknown) nknown	(If yes give wor or dotes o	of service)		Mrs	Mary Ar	mstro	ng Gatt	on-	oors ride
requires that the death certificate be executed within 24-haurs	ion. 1 by the attendin transit permit. crematian, ar re	2	Ħ	18. CAUSE OF DI	EATH (Enter only one cou					-		เพ	ERVAL BETWEEN
to.	by th ransif	7		PART I, DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE				Pancreati	tis		ON	ISET AND DEATH
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ij.	signed burial-t burial.c	1		Conditions, if ony rise to immediat	e couse (a)		lculus_in	ampu	illa of Vat	er)			
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9	as the	1			GNIFICANT CONDITIONS (ONTRIBITING 7	D DEATH BUT NOT PEL	ATED TO T	THE TERMINAL DISEASE	ONDITION GIV	FN IN PART I(a)	19	WAS AUTOPSY
F T	te har use alth a		FICAT ON	TAKT II. OTHER SI	OMITCHINI COMPINIDIS E	OHI KIBOTING	DO NOT KEE	1160 10 1	THE TEXTINESSE OFFICE		en in this 1(0)		PERFORMED?
AN .	icate for . Hea	20 P	ΣE.	20o. ACCIDENT WAS		20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter noture of injury	in Port 1 or Por	rt II of item 18.)		Test III
S	ed to	H	CERT		CAUSE OF DEATH MEDICAL EXAMINER)								
PHYSICIAN	this certi detached e Dept. a	L	Ę	20c. TIME OF INJU	URY Month, Doy, Year		JURY OCCURRED	20e. PLAC	CE OF INJURY (Home, f	orm, 20f	(City or town)	(County)	(Stote)
		-	X	pr	n. 19	While ot work			ory, street, office bldg., e				
ATTENDING		3	li	21. I certi	fy that (1) (this has	pital) attend	ed the deceased	from_1	lov. 24	19 67 1	Nov. 24	<u>•</u> , 1 <u>67</u> , tl	nat (I) (we) la
<u> </u>	DIRECTOR: /	į.		saw the de	eceased alive on N	04. 24,	1907,0	nd thoi	death occurred	OtrT:00k	Aptrom causes	ond an the dat	
OR A	3 S. William	; 5			Ever. 3	Bon	-oL	МО	ATTENDING PHYS.	MED DIRECTOR	STAFF C		25 - 67
0		13		22c PHYSICIAN'S	DI WOLA	0 B	OND	nop	22d. ADDRESS	6872 F	TUERDAY		
PITA	RAI Pe	7		NAME (Type)	OUVEZ .	> ~	0/41)	· · · · · · · · · · · · · · · · · ·	LANHA	74 1	MARYLAN	ID Zopo	/
TO HOSPITAL	oye 4 may be re FUNERAL DIREC director, page 3 should be filed w	2		BURIAL, CREMATIC			23c NAME OF CEME				CATION (City or To	, , ,	, , ,
2	2 2 5	64		BENDY I STORY		7/67	Epiphan	~			estvill		
	VR A15	Y		FUNERAL DIRECTO		17	ADDRESS			CD BY REGISTI	967 25h	GISTRAR'S SIGNATU	edge '
	25M 1/47	11	F	1tch10	Brothers	runer	at Home	بالقت	boro Ma	00		- 0	0 '

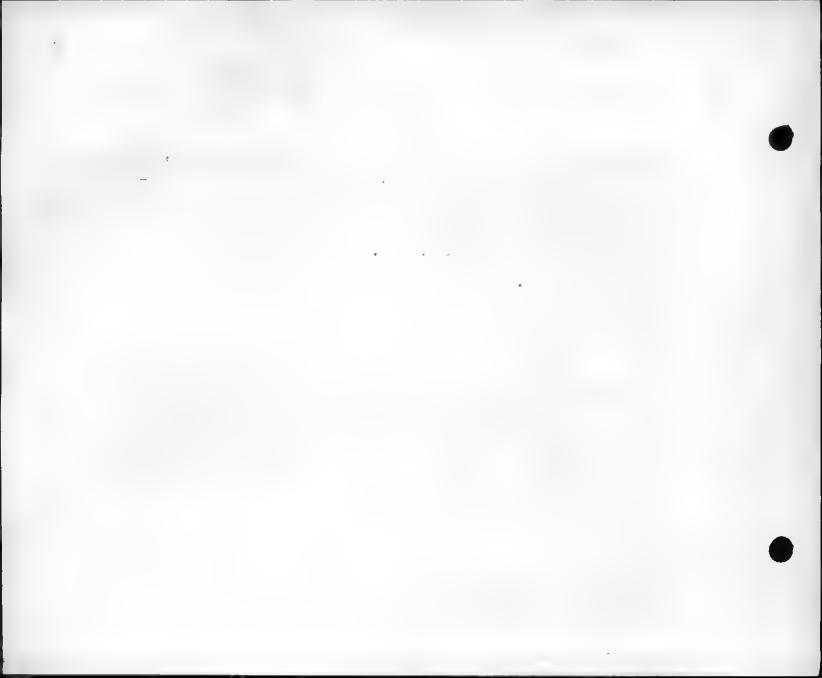
				CERTIF	ICAIL	OF DEATH						
	PLACE OF DEATH					2. USUAL RESIDENCE ()	Where deceosed I			ce before	odmissi	on)
(DUNTY PRE	NCE GEORGES		MARY	YLAND	O STATE MARYL	AND	b CDUN	PRI	NCE	GEOF	RGES
				LENGTH OF STAY I		c. CITY OR TOWN (If ou	itside corporate li	mits, write RUR	AL ond give	neorest	town)	
	CAMP	f outside corporate limits give nearest town) SRR LNGS		18 DAYS		OXON H	1 LL					
(NAME OF HOSPIT	AL DR NSTITUTION (If no	t in hospitol, give :	street address)		d. STREET ADDRESS				е	IS RES I	DENCE
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	NAME OF	Fir	st	Middle		Lost	4 DATE	Mont		Doy	Ye	
	DECEASED Type or print)	ROSE		М		BAKER	DEATH NO	OVEMBER			19	67
5 5	SEX	6 COLDR DR RACE	7. MARRIED	NEVER MARRIEL	٠ اـــا ٠	B. DATE OF BIRTH	9 AC	GE (In years	Months	1 YEAR Dovs	IF UNDER	Ř 24 HRS Min.
	FEMALE	CAU	WIDDWED 🎦	DIVDRCE		9 SEPT 1894	.77	73 yrs		,		Petiti.
	USUAL OCCUPATION	(Give kind of work done	10b. KIND D INDUST	OF BUSINESS DR		11. BIRTHPLACE (County	& Stote, or foreign	r country)	12 (17	TIZEN OF UNTRY?	WHAT	
$_{H}$	<u>OUSEWLEE</u>	RETIRED	110031	N1		CASTLEWO				Ĺ	ISA	
13.	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME					
			MOORE				NTHIA E					
		R IN U.S. ARMED FORCES? (If yes give wor or dotes o		AL SECURITY ND		NFORMANT		Addre				
(10	NO	fit yes give mot or detect o			RA	LPH B NICHO	LS 721	O OXON	HILL	RD.	OXO	APH I
		ATH (Enter on y one cou		r /- r / 1							RVAL BÉT ET AND E	
	PART I DEA	H WAS CAUSED BY. IMMEDIATE CAUSE	(o) RESP	IRATORY	ARRE	ST				-		
	1100	DUE	TĎ									
	Conditions, if ony rise to immediat	a couse (o)	(b)									
	stoting the unde	rlying couse (
	lost,		(c)							110	MAC ALIT	DDEV
NO	PART II, OTHER SI	GHIFICANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUI NOT RE.	JAIED ID	THE TERMINAL DISEASE CD	NDITIDN GIVEN II	PAKI I(0)			WAS AUT	MED?
ICATI					02.00.00		n . l . n . ll	(YE	S 📗	NO L
CERTIFICATION	200 ACCIDENT WAS DR CONTRIBUTING	S JNDERLYING □ □ CAUSE OF DEATH	20b DESCRI	3E HUW INJURY D	ICCGRRED.	(Enter noture of injury in	Port I or Port II	of item 18)				
AL C	-	MEDICAL EXAMINER)	1 22 1 10 11 12	W Deciloped	00 011	or problems (20 100	1 1		-4-3		/ra-a-1
MEDICAL	20c. TIME DE INJ. Hour fou		While -	Y DCCURRED Not While at work		CE_DF_INJURY_(Home, form ary, street, office bldg., etc.		ity or town)	(co.	unty)		(Stote)
2	pı		at work				. (5% - 5			· ·	. 715 7	1 1
		fy that 19 (this hose eceased alive an	o tal) attended L Novembe	the deceased mr 19 67,	trom< and tha	4 October death accurred at	0525 M, fi	ram causes				we) la: d abavi
	220 SIGNATURE	had t	Fall	2	M.	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS	11/	ATE SIGNE しむり	6	7
	22c. PHYSICIAN'S	* ***				22d. ADDRESS			**	Andr	-	_
	NAME (Type	ZODOTT TOD TO					row USA	т новр	Ital	Mar	yl r	4
230	BURIAL, CREMATIC REMDVAL (Specify	N, 23b DATE THE	REOF 2	3c NAME OF CEM	ETERY OR	CREMATORY	23d LDCAT	TON (City or To	wn)	(County)	[Stote)
	Burial	11/13/		Baker Ri	dge (Cemetery			ussel:			a.
	FUNERAL DIRECTO	"INIDIAN VI	Half	ADDRESS			D BY REGISTRAR		GISTRARS S			
Ct	ınninghar	i Fineral He	ome Inc.	Alexan	dria,	Va. DALA	1 4 191	5/1 4/	COMPLET	M 1/2	1	

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages of an shauld be fitted with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M T/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death



. ~			L.O FO S	ICATE OF DEATH		20.10
death			PLACE OF DEATH	2 USUAL RESIDENCE	(Where deceased lived, if institut on	Residence before admission)
Funeral Funeral Funeral	2	(COUNTY	o. STATE		
		-	Prince George MARY CITY OF TOWN (If outside corporate limits c. LENGTH OF STAY I	N IS CITY OF TOWN //S	a FFINCE outside corporote limits, write RURAL	George
			write RURAL and give nearest town)			ond give hearest town)
n by			Riverdale	College	Park	7 '
d in Variation V		0	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
filled in papers.	13		Eugene Leland Memorial Hospital	4800 Hol	llywood Rd.	YES 🔲 NO 🔀
			NAME OF First Middle	Lost	4. DATE Month	Doy Year
d wift letely grban nt, wif		1	DECEASED Francis Transmit G.	Baldwin	OF 11-1	3-67
e executed with and completely f remave carban n any event, with		5. 5		8. DATE OF BIRTH	9 AGE (In years 1	FUNDER 1 YEAR IF UNDER 24 HRS.
complicate			Male White WIDOWED DIVORCED		lost birthdoy) /	Months Doys Hours Min.
and rem n an		In.	WIDOWCD DIVORCE	- I II-70-07	63 yrs	12. CITIZEN OF WHAT
be all		duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (Count	ty & State, or fareign country)	COUNTRY?
ricate be sicion o please il, and ii			Stock Clerk U. S. Govt.	Maryla		USA
al,		13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
phy phy nen naval			Francis P. Baldwin	El el	ie Pickett	
ing ing		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17, INFORMANT	Address	
eof end nit.		(Ye:	s, no, ar unknown) (If yes give wor ar dates of service)	a 0 W	12 7 7 1	
that the death certiticate be executed on. In. by the attending physician and cample ransit permit. Then please remaye concernation, or remayal, and in any even			TO PANCE OF BRATH (CANADA)	I Spouse & Me	edical Records	INTERVAL DEPARTA
the the sit p			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	1.1 2.0	*	INTERVAL BETWEEN ONSET AND DEATH
quires that ti physician. signed by the burial-transit			IMMEDIATE CAUSE (o)	und suffere	Llow	
quires the physician signed by burial-trai			, but to	200		
equires physicia signed burial-t burial-t			Conditions, if any, which gove rise to :mmed.ote couse (o),	declusion	10	
a			stoting the underlying couse DUE TO	1 <		
St. Be div			iost. (c) anteresto	levole		
AN: The law roll or attending cate has been for use as the Health priar ta		احا	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY
: The	m-7	CERTIFICATION				PERFORMED?
for far filted		즲	200 ACCIDENT WAS JNDERLYING ☐ 206 DESCRIBE HOW INJURY OF	CURRED (Enter noture of injury in	n Port I or Port II of item 18)	
音音音音		ERI	OR CONTRIBUTING □ CAUSE OF DEATH	(======================================	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
HYSICIAI haspital s certifica oched fo			(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED	20e PLACE OF INJURY (Home for	rm, 20f (C ty or town)	(County) (State)
PH The Letter of the De		MEDICAL	Hour o.m. While - Not While -	foctory, street, office bldg, etc		(control) (mine)
by the fact of the design of t		2	p.m. 19 otwork L otwork L			
			21. I certify that (I) (this haspital) attended the deceased	fram //-//	19 <i>6</i> / ₄ , ta // / /3 it /0 / A-M, fram causes an	_, 19 <u>&</u> /, that (I) (we) las
			saw the deceased alive an $1/-13$ 1967,	and that death accurred a	it <u>/0 ⁷ </u> ►M, fram causes an	d an the date stated above
be retained DIRECTOR: /	1		220. SIGNATURE	ATTENDING	MED. STAFF	22b. DATE SIGNED
g = 25 c 5			Maundie	M.D. PHYS.	DIRECTOR PHYS.	
			22c. PHYSICIAN'S	22d ADDRESS		-
= & & = e	- f		NAME (Type) DONACD R. PURDIC	-		
X 4 = 0 0		230	BUR AL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMI	TERY OR CREMATORY	23d. VOCATION (City or Town) (County) (State)
Page O FUN Shaul			Survey 11-16-67 Jana	ac Cemito.	· San and	thing / h/
		74	FUNERAL DIRECTOR ADDRESS	250. RH	CD BY REGISTRAR OF 256 REPO	TRARS SIGNATURE
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ZUM NO		1	I WILL NOW WE CLASTING ON INTER	MA D / / / CM DAIL !!	0.20	N/



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15779 15783 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE prince George 2, and 3 to PM3 Page MARYLAND b. CITY OR TOWN (If outside corporate limits. delay and 3 t c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town terly 5irs Bowie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Box 274 Prince George NO [30 YES Give Pages with NAME OF First Middle 4 DATE Lost Month DESCRIPTION 1967 Wesley Barkley 11 Robert (Type or pnnt) DEATH the certificate, writing the ward "pending" in pencil in Item 18 Gives should be farwarded to the Chief Medical Examiner's Office alays 8 DATE OF BIRTH IF UNDER 1 YEAR F UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED AGE (In years NEVER MARRIED pages land 2 wit 1951 birthdoy) Hours 28 July WIDOWED DIVORCED any event within 72 hours after death 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working liferaven if retired INDUSTRY 13 FATHER NAM permit. F.le IS WAS DECLASED BY KINUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORFA (Yes, no, or unknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN **burial-transit** MINUTES PART I DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove Arteriosclerotic heart disease unknown rise to immediate couse (a). ⊑ DUE TO stating the underlying couse D. pun 8 lost. nsed PART II OTHER S GNIFICANT COND. YORS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN N PART 1(0)

Diabetes mellicus of the contribution remayal, 19 WAS AUTOPSY PERFORMED? Inactive tuberculosis-3 yrs. the certificate, NO pe 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) 3 shauld 5 PR MARY Cor CONTRIBUTING C MEDICAL EXAMINER: **EAUSE OF DEATH** crematian, MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work at wark 21 I certify that I took charge of the semains described above, held on Autopsy [7], Inspection * Inquiry 🔼 ond in my opinion funeral directar. death resulted from: Maturo couses X Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED 5 may be retr TO FUNERAL D Health priar 1 ASSISTANT MEDICAL EXAM NER SIGNATURE John Kehoe, 11-2-67 DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) DATE THEREOF 230 BURIAL CREMATION (County). 24 SUNERA, DIRECTOR 250 REC'D BY REGISTRAR

VR A15ME (5) 6M 1/67

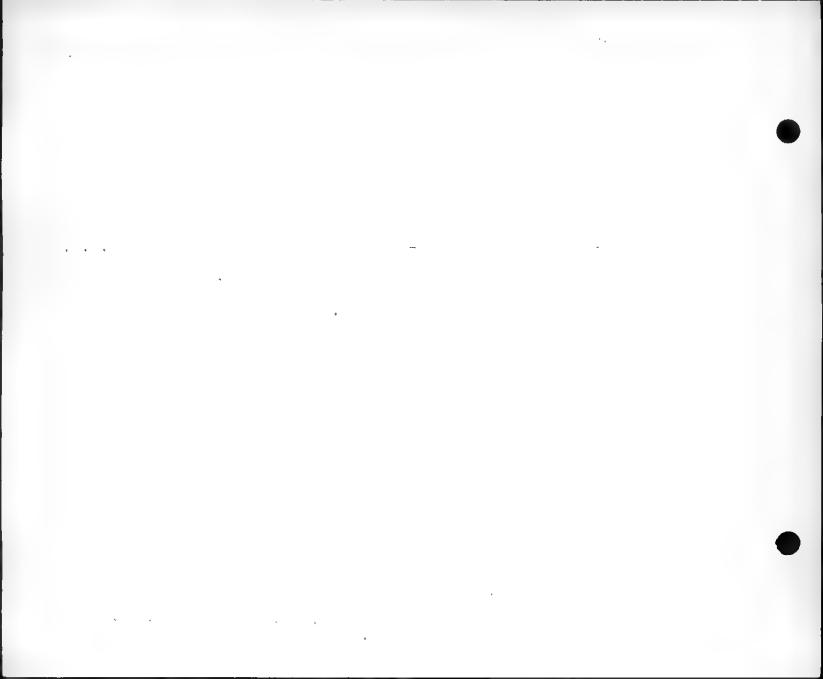
25b REG STRAR S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission o. COUNTY b. COUNTY Prince George S Prince George's MARYLAND Maryland deloy b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) DOA Rogers Heights Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e 1\$ RESIDENCE ON A FARM? pencil in Item 18. Give Poges Prince George's Ceneral Hospital 55th Avenue Stare NO X This certificate should be executed within 24 hours ofter deoth NAME OF DATE Month DECEASED OF <u>_</u> (Type or print) Barnes DEATH 67 Douglas along S SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED DATE OF BRTH IF UNDER I YEAR lost birthday) Days white WIDOWED DIVORCED 8-5-67 male ond2 \ event 100 JSUAL OCCLPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working fe, even if retired) INDLSTRY Louisiana the Chief Medical Exominer's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ⊆ David D. Barnes Barbara G. Adams 프 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address pending" (Yes, no, or unknown) ((If yes give war or dates of service) removal, Mr. David D. Barnes (above address No (Father) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART! DEATH WAS CAUSED BY INTERVAL BETWEEN Meningococcemia and Adrenal hemorrhage ŏ IMMEDIATE CAUSE (o). e, writing the word forwarded to the Ch cremotion, DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 used os burial, c last PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 9 WAS AUTOPSY PERFORMED? YES X NO pe should be 200 EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW IN JRY OCCURRED (Enter nature of mury in Port I or Port II of item 181) 3 should PRIMARY CONTRIBUTING CO CAL EXAMINER: CAUSE OF DEATH. designoted agent, 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Doy, Year 20rt INTIRY OCCURRED (City or town) (County) (Stote) Hour o.m. While factory, street, office bldg. etc.) moy be retained for your FUNERAL DIRECTOR: Poge Page at work ot work 21 I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection X. Inquiry X and in my opinion funeral director, Accident Natural Couses T death resulted fram Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11-6-67 DEPUTY MEDICAL EXAMINER X Heolth or **EXAMINER'S** Wehoe N.D., Riverdale, Maryland Address (Street, city, town, or county) NAME (Type) John the 8 JRIAL, CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) [County] 0 Arlington, Arlington Nat.Cem. Funeral ADDRESS Mt. Ref nio 7 50 RELD BY REGISTRAP 1967 Home

VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH: DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a COUNTY Prince George's Prince Ceorge's MARYLAND Marvland CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b P.M3 - Rogers Heights Hvattsville Cheverly DOA d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS in pentil in Item 18. Give rages 1, Examiner's Office along with farm tate De 8. Give Pages 5600 Emerson Street Prince George's General Hospital This certificate should be executed within 24 haurs after death 3 NAME OF Last 4 DATE Manth 1117 OF the Bassette within (Type or pnnt) Annie Laura DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED last birthday) female white WIDOWED D-VOR(FD 4-25-29 Item 18 event \mathbb{C}^{\vee} pages land? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 10a, USUAL OCCUPATION (Give kind of work done duenn most of workingdile, even if retired) Own Home Texas 35, 1 any pencil in 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Sam Shrum Laura E. Beall File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address ard 'pending' in Chief Medical E (Yes, pa, or unknown) (11 yes give wor ar dates of service) remayal 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Bilateral pneumonitis þ IMMEDIATE CAUSE (a) _ crematian, DUE TO Canditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying cause used as burial, c last. PART II, OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) please execute the certificate, Health ar its designated agent, priar to 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY Or CONTRIBUTING STAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) Hour a.m factory, street, affice bldg., etc.) While FUNERAL DIRECTOR: Page at wark L at work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection 7. Natural causes X ... Accident Suicide . death resulted from: the funeral director Hamicide

Philip Bassette Same as #2 (husband) INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES X NO (Caunty) (State) Inquiry [X] and in my apinian Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL FXAMINER SIGNATURE 11-6-67 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) NAME (Type) /John 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) (County) Burray (Specie 11/8/67 Ft. Lincoln Colmar Manor, P.G. Md. 24. FUNERAL DIRECTOR ADDRESS 2Sq REC'D BY REGISTRAR 25b Francis Gasch's Sons Hvattsville, Md. 1967 DATE NOV 9

e IS RESIDENCE ON A FARM?

YES NO X

Year

IF UNDER 24 HRS

19

IF UNDER 1 YEAR

12 CITIZEN OF WHAT

COUTR'S. A.

Months

9 VR A15ME



	L C & J L		CERTIFIC	ATE	OF DEATH		15782	
	PLACE OF DEATH					Where deceosed lived, if instil		noission)
l i	. COUNTY Prince Georges		MARYLA	ND	o. STATE Maryland	b. 00 Pr:	ince Georges	
. 1	C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN	b	c CITY OR TOWN (If ou	tside corporate limits, write f	RURAL and give nearest tow	n)
	heverly		DOA		Mt. Rainie	r	/	,
7	I. NAME OF HOSPITAL OR INSTITUTION (If not	in hospitol, gr	ve street oddress)		d. STREET ADDRESS		e IS	RESIDENCE A FARM?
Pr	ince Georges Genera	1 Hosp	ital		3409 Otis	Street	YES	
3 1	NAME OF FIRS		Middle		Lost		onth Doy	Year
(Type or print)	Paul_	J		eckert	DEATH NO	ov. 26	19 67
5 5	6 WHOLERACE	7. MARRIED [NEVER MARRIED		DATE OF BIRTH	9. AGE (in years lost birthday)		NDER 24 HRS
	le /Málé	WIDOWED [DIVORCED		7/18/ 190	7 60 yrs		
oOf Inub	USUAL OCCUPATION (Give kind of work done ng most of warking life, even if retired)		ID OF BUSINESS OR BUSTRY		Wash.,D.	& Stote, or foreign country)	12 CITIZEN OF WHA	T
	FATHER'S NAME				14 MOTHER'S MAIDEN N			
	Robert W. Bec	kert			Mary Kr	ug		
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. 50	OCIAL SECURITY NO.	17 #	FORMANT	Ad	dress	
(Ye	(If yes give war or dotes of Yes	service)		Mr	s.Katheri	ne G. Beck	ert (above	
H	18. CAUSE OF DEATH (Enter only one cous	e per line for (o), (b), and (c).)		(Wife)		INTERVAL	BETWEEN
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Acu	te Coronary	Th	rombosis		ONSET AT	NO DEADH
	4201 DUE T						1 3 14	20 4 1
	rice to immediate collected (a) (<u>ere Arterio</u>	scl	erotic Hear	t Disease	1-24	TO L
	stoting the underlying couse DUE I	0					1 4	
		c)				*		
총	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATE	D TO II	HE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)		ORMED?
2		1 201 220					YES	NO 🗆
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCCU	RRED. (inter noture of injury in I	Part I or Part II of item 18)		
AL CI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	001.001	DION OCCUPAND	mt t c	or by upy till	001 1/1		(6
MEDICAL	20c TIME OF INJURY Month, Doy, Year Hour o.m.	While	Not While of work		E OF INJURY (Home, form ry, street, office bldg , etc.)		(County)	(Stote)
2	p.m. 19	ot work	U of work U			27	06 1062 1 11	
	21. I certify that (I) (this this saw the deceased alive on N	attend	ed the deceased tro	im	doub assured all	7 to Nov.	26, 1967, that () (Sucert last
	220 STENATURE	0V. 40	17 <u>07</u> , uni	Inui			22b DATE SIGNED	ilea abave,
	Benjamen S. M	uller	_	M.D	ATTENDING PHYS.	MED AM STAFF DIRECTOR PHYS	□ Nov. 27.	1967
П	22c PHYSICIAN'S			11112	22d ADDRESS	DIRECTOR - PROS		1,00
	NAME (Pype) Benjamin S	. Mill	er		3824 34th	St. Mt. Rain	ier, Md.	
230.	BURIAL, CREMATION, 236 DATE THER	REOF	23c NAME OF CEMETER	RY OR C	REMATORY	23d LOCATION (City or	Town) (County)	(Stote)
	FUNERAL DIRECTOR Nalley's Home Inc.	100	164 AT \$	_ 0	1_	1 TO -		
	T 1/60	7.97	MED OTIVE	U	emeterv	IWash. P.C		- '

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer TO FUNITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, should be filed with the State Dept, of Health priar to burial, cremation, or removal, and in any event, within 72 h Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



FOR STATE / HEALTH DEPT.

State Department of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

792 15

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15783

1 1										
		PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, function Residence before admission)						
	(Prince George's	MARYLAND	o. STATE District Of Columbia	V					
	1	b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL or	nd give neorest fown)					
		write RURAL and give nearest fown) Riverdale	DOA	Washington	47-3					
	-	d NAME OF HOSP TAL OR INSTITUTION (If not in hospita, g.	27 77 1	d. STREET ADDRESS	e IS RESIDENCE					
ĭ			,	ON A FARM?						
		Leland Memorial Hospital	Middle	II LAJA II DUI GEV. III. W.						
		DECEASED		OF .	Doy Year					
	5 :			Belton DEATH 11	1 19 67					
	3 .	The state of the s	26		oths Doys Hours Min					
		Tale Negro WIDOWED		30 April 1937 30 Y						
			D OF BUSINESS OR USTRY	1 BIRTHP_ACE (State or foreign country)	12 CITIZEN OF WHAT COUNTRY?					
	13	FATHER'S NAME		14 MOTHER'S MA DEN NAME						
	N	alman Bellen		Telling Withen Magn						
	IS	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC	OCIAL SECURITY NO 17 II	NFORMAN) Address	1.00					
	(Ye	es, no, or unknown) (If yes give wor or dotes of service)	1/	iala Bolla -						
		18 CAUSE OF DEATH (Enter only one couse per line for (i	a) (b) and (d)	race para	INTERVAL BETWEEN					
		DART I REATH WAS CAUSED BY			ONSET AND DEATH					
		IMMEDIATE CAUSE (a) Laceration of brain DUE TO Trauma - auto accident								
		Conditions, if ony, which gave) (b) (b)								
		Storing the underlying couse								
		, , , , , , , , , , , , , , , , , , , ,	DEATH BUT NOT BE ATER TO T	TERMINAL DISTAST COURT ON CASTA M. BLDT. (-)	19 WAS AUTOPSY					
2	CERTIFICAT DN	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT KETATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART (0)	PERFORMED? YES 149- 2					
	TIFIC	20o EXTERNAL CAUSE WAS 20b DESC	CRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Port I or Port II of item 18.)						
	8	PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH Passenger in car involved in a collision.								
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d IN.	LRY OCCURRED .; 20e PLAC	IE OF INJURY (Home form, 20f (City or town)	(County) (State)					
	MED	Hour om Whe e 450m p.m 11-1- 19 67 of work	Not While TIC Po	ory, street, office b dg , etc)	1 Manualand					
		21. I certify that I tack charge of the remo		t.l. la mile south of Laure						
		_								
		death resulted from: Natorol couses	, /Accident 🔀 , Suici	<u> </u>	st [
		ACTUAL / / /A	1	CHIEF MEDICAL EXAMINER	22. DATE SIGNED					
		SIGNATURE / SIGNATURE	,	ASSISTANT MEDICAL EXAMINER L						
ì		EXAMINER'S John Kehoe, M.D.	Riverdale, Md	Address (Street, city town or county)	11-2-67					
	230	BURNAL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR (CREMATORY 23d LOCATION (City or Town)	(County) (Stote)					
		REMOVAL (\$pec.fy) 11-11-67	Church	Herchan 5						
	24	I. FUNERAL DIRECTOR 1	ADDRESS	250 REC D BY REG STRAR 256 REGISTR	AR S S GNATURE					
		Selan > 1 1 119	re/11:25-14	ET DATENDIN 3 1967 VOL	arles Judge					

West, D.C.

VR A15ME (5) 6M 1/67

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages, 1, 2, and 3 tailthe function of the forwarded to the Chief Medical Examiner's Office along with Taim PM3 Page. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the

Health priar to burial, crematian, or removal, and in any event within 72 hours after death



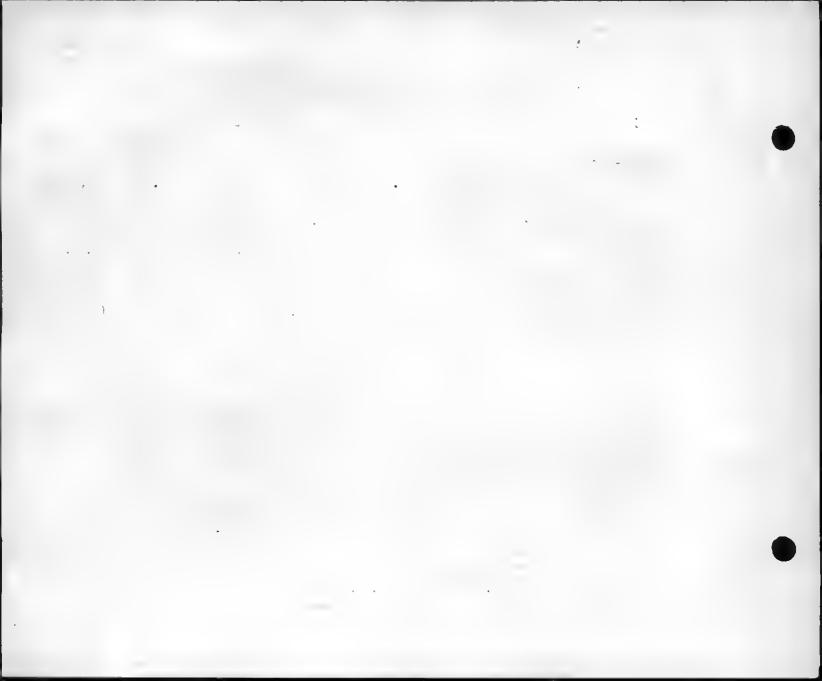
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death.

Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Paget should be filed with the State Dept. of Health priar to buriol, crematian, ar removal, and in any event, within 72-hours at

	CERTIFICATE OF DEATH													
		PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: Re-				(esidence before odmission)				
	(D. COUNTY	rince Geor	roe	MARY	MARYLAND 0. STATE			h COUNTY			Prince George		
	ŀ	CITY OR TOWN (If outside corporate limit	(16			e amets, write RU		and give nearest town)					
		Riverda	give neorest town)		15 years									
			AL OR INSTITUTION (IF n	at in hospital	nive street oddress)		East Pine	s - K1	verdale.		el	S RESIDENCE		
					g			Α				ON A FARM?		
	2 8	5814 64	th Avenue		Middle		5814 64th	Avenu	Le Mon	a L	Day	Year		
	3 NAME OF First DECEASED (Iyon or point) Nellie				La	Bos	LOSI	OF	Nov.		18. 1967			
	5 5	Type or pnnt)	6. COLOR OR RACE		NEVER MARRIED		B. DATE OF SIRTH	DEATH	AGE (In years	I IF UNDER I		UNDER 24 HRS		
				WIDOWED	DIVORCED				last birthday)			Hours Min		
		Female	White (Give kind of work done		IND OF BUSINESS OR		Tov. 3. 19		52 YFS	12 (17)	IZEN OF W	HAT		
	duri	ng most of working	life, even if retired)		NDUSTRY		11 BIRTHPLACE (County			COU	JNTRY?	UW+		
	12	Lousewif	e		wn Home		Howard C	0. M	<u>d.</u>	U.	<u>S. A.</u>			
	13.	PATHER S NAME												
	10		Phillips		count cretings to	12.1	Nora Rur	kles						
	(Ye	was Deceased Eye s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)	SOCIAL SECURITY NO.		NFORMANT		Addre			- 1		
		no		2.2	0 09 4513	Ha	rry E. Boa	arman	Same a	s #2 (
			EATH (Enter only one co- TH WAS CAUSED BY				1			(AL BETWEEN AND DEATH		
		1001	IMMEDIATE CAUSE	(o) (O)	CIRCINO	Ma	76515				~1	aut		
		1772		TO D		ſ		, ,		()	2	1.111		
		Conditions, if any rise to immediat	ful estina e		I MERY 1	est	on una	ere	MINEL			TO 10 Ma		
	- 1	stoting the unde		10	•					′				
		lost.	,	(c)										
1	<u>z</u>	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO T	HE TERMINAL D SEASE (C	INDITION GIVEN	I IN PART I(a)			AS AUTOPSY REORMED?		
	3										YES	NO 🔽		
	CERTIFICATION	200 ACCIDENT WAS	S UNDERLYING [] CAUSE OF DEATH	20b D	ESCRIBE HOW INJURY OC	CURRED	Enter noture of injury in	Port I or Port	II of item 18)					
			MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF IN.	JRY Month, Day, Year	20d While	INJURY OCCURRED		E OF INJURY (Home, far		(City or fown)	(Cau	nty)	(Stote)		
	¥ !	p.r	10	of wo		TOUR	A							
					ded the deceased t	from		196/, to		196	, that	(I) (we) las		
			eceased alive an_	11-1K	21% <u>/</u>	ind that	death accurred a	1640AM	fram causes			stated above		
		220 GNATURE	106	0			ATTENDING	MED	STAFF _	22b DA	TE SYGNED	100		
	J	Leve	-0 8	ay)	nay	M.D	PHYS L	DIRECTOR 1	PHYS. L	1 11	118	16/		
		22c. PHYSICIAN'S NAME (Type		1 C C 1	ayman, M.	D	22d. ADDRESS							
			David											
	230	BURIAL, CREMATIC REMOVAL (Specify)		23c. NAME OF CEME		REMARKY		ATION (City or To		(County)	(Stote)		
	F	Burial	11/21	/67	Wester	n	l or see		imore,			e Md.		
	24.	. FUNERAL DIRECTO	K		ADDRESS			D BY REGISTRA		EGISTRAR'S SI	and the state of t	. Anne		
	1	Francis	Gasch's So	ons H	vattsville,	Md.	DATE	IOV 2 2	1967	Luc.	11	in fat		



. 2 .		10134	CERTIFICAT	E OF DEATH	19783
and the second	1	PLACE OF DEATH		2 USUAL RESIDENCE (Where de	ceased lived, if institution Residence before admission)
		Prince George	MARYLAND	Mariland	b POUNTY (rester.
by the Pages		CITY OR TOWN (If autside carparate limbs, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside car	parate limits, write RURAL and give nearest tawn)
Do The		HHALTSUILL	3 day 5	Wast High	sulle
	١,	NAME OF HOSPITAL OR INSTITUTION (IF not in	haspital, give street address)	d. STREET ADDRESS	e S RESIDENCE ON A FARM?
		tyotts ville //	Ising Home	130 16/mg	tollow of, YES IN NO
bod w		NAME OF First	Middle	last 4. OA	TE Manth Day Year ATH 100 11 19 6 7
cecured with campletely nave carbot with event, with the carbot with the carbo			MARRIED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
e execute and camp remave n any eve		14.	WIDOWED DIVORCED	9-17-84	last birthday) Manths Days Haurs Mir
and and rem	100	USUAL OCCUPATION (Give kind of work done	TOB. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, o	foreign country) 12 CITIZEN OF WHAT
ysician please of, and i	dur	pg most af warking life, even if retired)	INDUSTRY	Minneago	lis Minn 4.5
nysic ple of, c	13	FATHER'S NAME		14 MOTHER'S MAIDEN NAME	1
cerr Sherr Therr max		Louis Soe		Mary	Liberg
ndin iit.	15	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af sei	DUICO)	INFORMANT	Address. Records-same as above
me aeun cernicale be executed e attending physician and cample t permit. Then please remave ca itian, ar remaval, and in any eveni			1213-38-5429	drsing nome r	
aquires that the acan certificate be executed within 24 physician. signed by the attending physician and campletely filled is burial-transit permit. Then please remave carbon paper burial, crematian, ar remaval, and in any event, within 72		1B. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY	wer line for (o), (b), and (c).)	Fail.	INTERVAL BETWEEN ONSET AND DEATH OUTER
an. by by tran		4200 IMMEDIATE CAUSE (a).	1 Marei Ca	tal much	Sauge
ysici ysici ned rial- ial,		Canditions, if any, which gave)	arterischer	to Verit !	Dueau 15 yer.
		rise to immediate cause (a), DUE TO			0
ding ding the ar to		lost.			
ne in the interval in the inte	, l _š	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NAT RELATED TO	THE TERMUNAL DISEASE CONDITION	GIVEN IN PART (a) 19 WAS AUTOPSY PERFORMED?
t at series	CATION	Anerale	sed arterly	roleroses	YES NO
pital or attending pital or attending rificate has been of far use as the af Health priar ta	CERTIF	20g ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	206, DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I ar	Part II of item 18)
hasp cer ichec	18	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e P.	ACE OF INJURY (Hame, farm, 20	of, (City or town) (County) (State)
the this deta	MEDICAL	Haur 'a.m.	While Nat While fa	ctary, street, affice bldg., etc.)	ii. (cry or rown) (coonly) (more)
by the Stat		p ne.		1967	pta_11Nov. , 1967, that (I) (we) I
med ned ned ned ned ned ned ned ned ned n		21. I certify that (I) (this hospitors sow the deceased alive on	1967, and th	at death occurred at 2:30	M, from causes and an the date stated abo
retaine ECTOR: S shoul		22a. SIGNATURE	1	ATTENDING MED	STAFF 226 DATE SIGNED
be ded v		Wm a.	(Must	.D. PHYS LE DIRECTO	R LI PHYS LI I NOO 1 6 /
Mal		22c. PHYSICIAN S NAME (Type) Wra. A. W.1	msatt	3/115 Hamil	ton Street Md.
NET 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23/	BURIAL REMANDIN 236 DATE THEREO			LOCATION (C ty or Town) (County) (Stote)
Page 4 may be retain to Funka I Discount of Fu		/ yEyloy/(//S/eg/y) 17/11:/	ta =		rince Georges Co. Md.
1"11	2	FUNERAL DIRECTOR The S. H.	Hines OF S	25a. REC'D BY REG	SISTRAR 256 REGISTRAR'S S.GNATURE
VR A15 (4) 7 25M 1/67		Washingt	_	DATNOV 1	1 1967 Juliantes July .



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15786

795 4 5

FOR STATE HEALTH_DEPT. Prede

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencl in Item 18. Profes 1, 2, ang 3 to the funero director Page 4 should be forwarded to the Chief Medical Examiners Office along with form PM. Professor

5 may be retoined far your files.

VR A15ME 57

Health pror to bural, cremotion, or removal, and in ony event within 72 hours after death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

April 4									
1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)								
a. COUNTY Prince George's MARYLAND	o. STATE b. COUNTY Maryland Prince George's								
b CITY OR TOWN (If outside carparate limits. c LENGTH OF STAY IN 1b	C CITY OR TOWN (f outside carporate limits, write RURAL and give nearest town)								
write RURAL and give nearest town) Cheverly DOA	Seat Pleasant								
d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE								
Prince George's General Hospital	612 Addison Road ON A FARM?								
3 NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year								
(Type or print) Mae Eliz.	Boswell DEATH 11 1 19 67								
S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED	8 DATE OF B.RTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Igust birthday Months Days Haurs Min.								
Female White WIDOWED D VORCED	20 March 1890 77 yrs Months Days Haurs Min.								
10a JSUAL OCCUPAT ON (Give kind of work dane dungs mast of work by dungs mast of work politics even if retired) 10b K ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT								
dungs nost of working like even if retired) Housewille (Own Home)	Maryland U. S. A.								
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
William E. Leveless	Alice Grimes								
/V 1/1/- 1/1/1/ 1/1	INFORMANT Address								
(Yes no, or unknown) (If yes give wor or dates of service) 579-05-1380 H	arry G. Beswell-Same as Item #2.								
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart failure	onset and death minutes								
DUE TO Hypertensive cardi									
Conditions, if any, which gave									
rise to immediate cause (a), Stating the underlying cause DUE TO									
fost. (c)									
PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERM.NAL DISEASE COND T.ON GIVEN N PART 1(a) 19 WAS A J TOPSY PERFORMED?								
ANIO	YES NO S								
200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF CAUSE OF DEATH	(Enter nature of injury in Part II or Part III of term 18.)								
PRIMARY 🗆 or CONTRIBUTING 🗀 CAUSE OF DEATH.									
	ACE OF INJURY (Home farm 20f (City or town) (County) (State)								
Hour a.m. 19 While Not While of at wark at wark	ctary, street, affice bldg., etc.)								
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection on Inquiry . and in my apinian								
	cide , Hamicide , Undetermined monner								
CHIEF MEDICAL EXAMINER									
SIGNATURE M.D ASSISTANT MEDICAL EXAM-NER 22. DATE SIGNI									
									EXAMINER'S John Kehoe, M.D. Riverdale, Md
230. BURIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	200 00000000000000000000000000000000000								
Burial 11/4/67 Trinity Co	7								
24. FUNERAL DIRECTOR ADDRESS	25a. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
Ritchie Bres. Upper Marlbere, Md.	DATE NOV 1 4 1967 geliantes Judge								

11 '57

CERTIFICATE OF DEATH

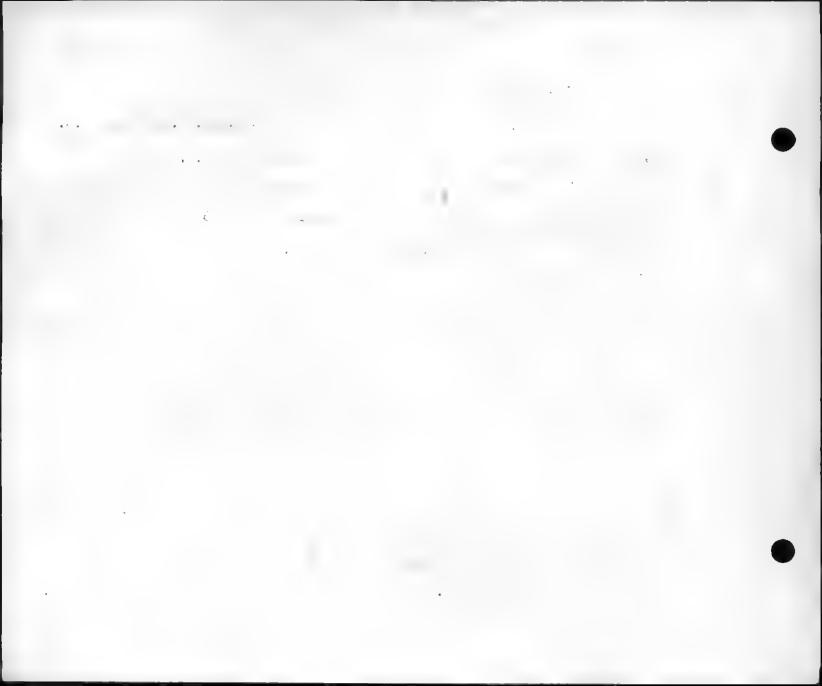
15787

1. PLACE OF o. COUNTY						2 USUAL RESIDENCE (Where deceased live	d, if institut		nce befor	e admissio	n)	
	Prince Geor	ges		MARYLI								1	
b (ITY OR write R	TOWN (If autside corporati JRAL and give nearest taw	e fimits,	C .	LENGTH OF STAY IN	1p	COTY OR TOWN (If or	utside carparate limi	ls, write RU	write RURAL and give nearest Town)				
Glen	n Dale (rura	1)		6 months		RXWXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Washi	ngton	, D.	C. 4	3	
d NAME O	HOSPITAL OR INSTITUTION	(if not in has	pital give :	street address)		d. STREET ADDRESS					ON A FA	ENCE	
G1 en	n Dale Hospi	tal				810 5th	St. N.W					NO 🖸	
3. NAME OF		First		Middle		Last	4 DATE	Mon	th	Đơy	Yea	FT .	
DECEASED (Type or print)		Maurice		н.		Bowers	OF DEATH		11 - 27		- 19 67		
s. SEX	6. COLOR OR RA	CE 7. MAR	RIED 3	NEVER MARRIED		8. DATE OF BIRTH	9 AGE	(In years	IF UNDER	I YEAR	IF UNDER		
М	W	WIDO	WED [_]	DIVORCED		10/31/02	65 last	birthday) yrs.	Months	Days	Hours	Min	
	UPATION (Give kind of war	dane		F BUSINESS OR		11. BIRTHPLACE (County	& Stole, or foreign co	ountry)		ITIZEN OF			
during mast of working life, even if retired)			INDUSTRY Unknown Md.						COUNTRY?				
3 FATHER'S	NAME					14 MOTHER'S MAIDEN	NAME						
Ralei	gh Bowers					Nell McCul	ery						
IS WASDECE	ASED EVER IN U.S. ARMED FO	RCES?	16. SOCIA	AL SECURITY NO.	17.	INFORMANT		Addre	855				
Yes, no, or un	knawn) (If yes give war ar	dates at service	unkr	own		deced	lent						
rise to im	s, if any, which gave timediate cause (o), the underlying cause	(b)		hemia ven		nemorrhage					Week		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) Chronic alcoholism: Deribherel neuropathy: chronic brain syndrome										WAS AUTO PERFORME S			
[IT CHITCK, NOTIFE MEDICAL EXAMINEK]													
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 20d INJURY OCCJRRED 20e. PLACE OF INJURY (Home, farm, farm, farm, farm, at work at wark a													
21.	I certify that 🕸 (thi	s haspital) a				4/19/	9 <u>67</u> , to	11/	27 / , 19_	67, th	at (X), (v	we) la:	
	the deceased alive	ın nı	11/2	27/19 <mark>67</mark> , an	id the	t death occurred al	0:55PM, from	n causes				abov	
22a. SIGNATURE WED M.D. ATTENDING MED STAFF PHYS. 11/2													
22c PHY	AE (Tuesa)					22d ADDRESS							
	MC	e Weis				Glenn_Dale	Hospita	1, G1	enn D	ale,	Md.		
Dun	(Specify) 12-	TE THEREOF	7	Tax	ERY OR	marlow	23d LOCATION		wn)	(County)	- ha	lote)	
24. FUNERAL	DIRECTOR	Λ		ADDRESS		2So. REC	BY REG STRAR 40		GISTRAR'S	SIGNATUR	in .		
Make	V/ matt	10/11/	71.1	MINNEY !	1 4	DATE A	U 9 P-49/1	·φ/	7-2-100	MA	may	A.	

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. 20 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleted filled in director, page 3 shauld be detached for use as the bur al-transit permit. Then please remave carben papers — Shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72A Page 4 may be retained by the hospital ar attending physician.

hours

VR A15 (4) 25M 1/67



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, 24 hours after deat

Page 4 may be retained by the haspital or ottending physician.

VR A15 (4): 25M 1/67

Chell thouble

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages 1 add should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after deat

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15722

				CERTIFIC	LAIL	OF DEATH		1.0	100
	PLACE OF DEATH a. COUNTY	Prince Ge		MARYL	AMD .	2. USUAL RESIDENCE (0 STATE	Where deceased lived, if inst b. C	itutian Resident OUNTY	te before admission)
	b CITY OR TOWN (I write RURAL one Glenn D	f outside corporate limit give neorest town) ale (rural)	s,	5mos., 3wks			on, D. C.	RURAL and give	nearest tawn)
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, i	give street address)		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
	Glenn_Da	<u>le_Hospita</u>					t., S. E.		AE2 NO X
3	NAME OF DECEASED (Type or print)	,	rothy	Middle L.		last Bowie	OF	lonth 11	Doy Year 7 19 67
\$.	SEX IF	6 COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED UN KNOWN DIVORCED	1 1 1	1. DATE OF BIRTH 10/30/1913	9. AGE (In years last birthdoy 54 yrs	IE LINDER I	
10a dur	. USUAL OCCUPATION ing most of working housewi		10b Ki	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County Maryland	& State, or foreign country)		IZEN OF WHAT UNTRY?
13.	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME		
15	unknow WAS DETEASED BYE	R IN U.S. ARMED FORCES?	114	SOCIAL SECURITY NO.	17 1	NFORMANT	. As	ddress	
(Ye		(If yes give war or dates	of service)	578-03-1613	'	Decedent	A	JUIESS	
	PART I DEAT	ATH (Enter only one co H WAS CAUSED BY. IMMEDIATE CAUSE	Bron	(a), (b), and (t)) chopneumoni	.8.				INTERVAL BETWEEN ONSET AND DEATH 4 days
	332 X Conditions, if any,	which gave)	(b)						
	rise to immediate cause (o), storing the underlying cause OIL TO Recurrent cerebrovascular accidents with en-								years
ATION		SMIFICANT CONDITIONS (TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19 WAS AUTOPSY PERFORMED? YES NO
L CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DE	SCRIBE HOW INJURY OCC	URRED.	Enter nature of injury in	Part I or Part II of item 18		
MEDICAL	20c. TIME OF INJU Hour a n	10	20d !! While at wor	Not While		E OF INJURY (Hame, fare ary, street, affice bldg., etc.)		
	saw the de	y that (t) (this has ceased alive on_	pital) attend	ded the deceased fr	am_ id that	5/17/ death accurred at	9 67 to 2 : 40 M, fram cause	11/7 196 es and an th	7, that (#) (we) lasted abave
	220 SIGNATURE	Ulre	be	n_	D.M	14177	MED STAFF PHYS		TESTONED
	22c. PHYSICIAN'S NAME (Type)	Moe Weis					lenn Dale Ho enn Dale, Md	-	
230	D. BURIAL, CREMATIC REMOVAL (Specify			23c. NAME OF CEMETS HARMONY M		LREMATORY	23d LOCATION (City or	Tawn)	(County) (State)
21	FUNERAL DIRECTO	11-11-	-07	ADDRESS	I LIVIUI			REGISTRAR'S SI	MARYLAND
(Cher T	- Phoules	a.	30N-12K	17	DATE NO			Ear Jusque

	MARYLAND STATE DEP		
	15799 DIVISION OF VITAL RECORDS, 301 W. PRESTO		15789
	CERTIFICATE	OF DEATH	
	COUNTY OF THE PROPERTY OF THE	2 USUAL RESIDENCE (Where deceased lived, if institution: o. STATE b. COUNTY	Residence before admission)
	Frence Levises MARYLAND	Flouda	
ł	o. CITY OR TOWN (If outside corporate limits, CENGTH OF STAY IN 16 worke RURAL and give nearest tawn)	c CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	totestucile 23days	St. Tetersburg	<i>*</i>
- 4	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
1	egent nursing + Rehat Coenter	815 75 ave South	YES NO
- 1	NAME OF First Middle DECEASED 3 1 2 4 5 5	Lost 4. DATE Month	Doy Year
S :	(EX 6 COLOR OR RACE 7, MARRIED 7) NEVER MARRIED 7		UNDER 1 YEAR IF UNDER 24 HRS
٠ .	6 COLOR OR RACE 77. MARRIED NEVER MARRIED DIVORCED DIVORCED		onths Doys Hours Min.
18c	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign country)	12 CITIZEN OF WHAT
duri	ng most of working life/even if retired) INDUSTRY	Poltimou, md	COUNTRY?
13	FATHER'S NAME	14. MOTHER S MAIDEN NAME	
	Tenknoure	Unknown	
	WAS DECEASED EVER IN L 5 ARMED FORCES? 16 SOCIAL SECURITY NO 17 s, no, or unknown) (If yes give wor or dotes of service)	INFORMANT Address	apt 202
ü	mknown myster will de soles of solvette	M. Dettube ron karte - 7733	Waltuckener
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	, O.F. 1	ONSET AND DEATH
	15/ MMEDIATE CAUSE (a) CONCO	of Stomach	
	Conditions, if ony, which gove) (b)	0	
	nse to immediate couse (a), (
	stoting the underlying couse (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
TION			PERFORMED? YES NO 4-
MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ 2015 DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 1B)	
. CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
DICA		ACE OF INJURY (Home, form 20f. (City or town)	(County) (State)
ME	p.m. 19 of work U of work U		
	21. I certify that (1) (this haspital) attended the deceased fram_	$\frac{1}{1}$ / 6 , 19 6 7, ta $\frac{1}{2}$ 3 at death accurred at $\frac{2}{2}$ M, fram causes and	_, 19 <u>_6</u> 2, that (I) (we) last
		at death accurred at M, fram causes and	d an the date stated above. 22b DATESIGNED
	220 SIGNATURE The Third	ATTENDING MED STAFF	11-23-67
	22c/PHYSIglian'S	22d ADDRESS	
	(NAME (Type) Dr. John F. Shay	\$509-01d Silver Hill Rd S	E,Suitland Md

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 Schould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 bours ofter death. VR A15 (4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

Page 4 may be retained by the hospital or ottending physician.

230 BUR AL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF Nov. 27-1967 Silmons Bros.

ADDRESS

1661-Good Hope Rd SE

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Washington Nat'l Cemetery Suitland, 2So REC'D BY REGISTRAR

DATE

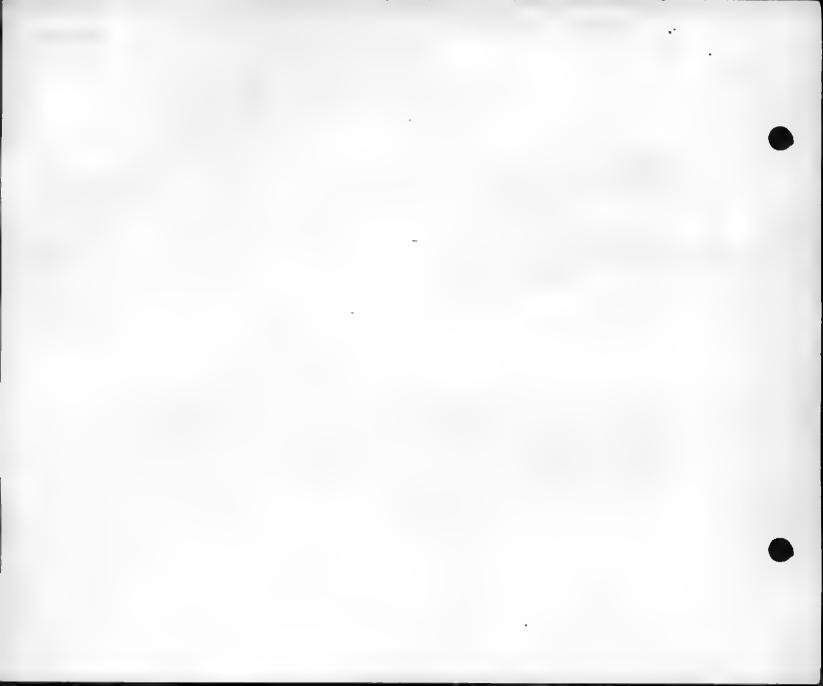
Wash DC

Maryl and 2Sb

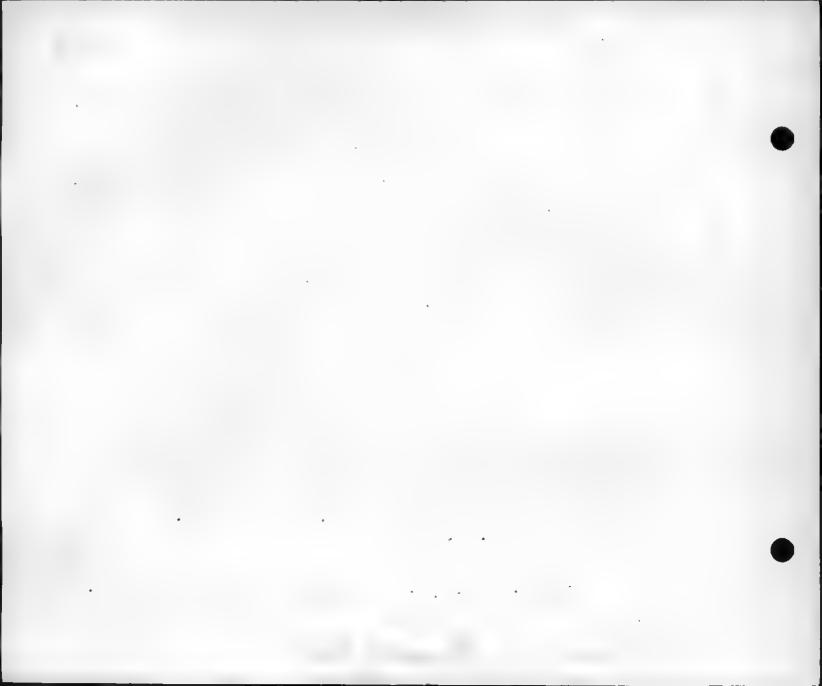
REGISTRAR'S SIGNATURE

(Stote)

(County)



Items 20a-20f-film #395MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15791

15800

CERTIFICATE OF DEATH

1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY 5 STATE OF DEATH COUNTY 1 OPTIC OFFICE COUNTY COUNTY 1 OPTIC OFFICE COUNTY COUNT
	a COUNTY . CR. D-P2 MARYLAND . O STATE WAY LONG B. COUNTY ! CONTY ! CO
_	
	ewrite RURAL and give negrest town)
_	d NAME OF HOSPITAL OR INSTITUTION (If not in bospital give street address) d STREET ADDRESS 1 0. IS RESIDENCE
1	ON A FABRICA
L	Liattsville Musing tome 6500 Riggs RD 12924 Dean Road YES 1 NO 1
3.	NAME OF 1 First Middle (ast 4. DATE Month Doy Year
	DECEASED (Type or print) Harry William Bridges DEATH 1967
Š.	SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH 88 9. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS.
	MINOSUED DIVERSED DIVERSED DOYS Hours Min.
10	a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 PIRTHPLACE (County & Stote, or fareign cauntry) 12. C TIZEN OF WHAT COUNTRY 2
	rine mast of working life, even if retired) Sookbinder U.S. Government U.S. Government U.S. Government Output Description Country 2 Country 3 Country 4 Cou
13	FATHER'S NAME
	John Bridges Unknown
15	
()	
_	
	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PARY I. DEATH WAS CAUSED BY NSET_AND/DEATH ONSET_AND/DEATH
	IMMEDIATE CAUSE (a) Almyrany Letina
	7200 DUE TO
	Conditions, if any, which gave) (b) artemoseleveler trent Alexane years
	rise to immediate couse (a),
	stating the underlying cause (c)
8	DESCORMED?
B	Central throntonic YES NO [
CERTIFICATION	206. ACCIDENT WAS UNDERLY NG [206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item IB)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. T.ME OF N. JRY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f (City or fown) (Caunty) (State)
윷	Haur a.m. While Not While factory, street, affice bldg , etc.)
	Pint. // Gradic dradic -
	21. I certify that (I) (this haspital) attended the deceased from 1967, that (I) (we) los
	saw the deceased alive an 11-2-3 1967, and that death accurred at 11 A M, fram causes and an the date stated above
	220 SIGNATURE 22b DATE SIGNED 22b DATE SIGNED
	MD PHYS DIRECTOR PHYS
	22c. PHYSICIAN'S DYNAMA ID
	NAME (Type) PIN ALS) C. ED FREN (Typtianil, M)
27	BURIA, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) (County) (Stote)
	REMOVAL (Sperify)
-	A CHALDAL ADECTOR AS DECRETARY OF THE PROPERTY
1	Attack Freder, 15 Monda - X414 Georgan Tive.
H	Great Plumphon Ing Silier Spring I'd DATE NOV 9 0 1007

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours offer death

Poge 4 may be retained by the haspital or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIFFCTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the bur ol-transit permit. Then please remave carbon papers. Po should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS **BALTIMORE, MARYLAND 21201** PRESTON-STREET,

4308 Suitland Road, Suitland, Maryland

	IN		006) .U.		CERTI	FICATE	OF DEATH			1912%
that the death certificate be executed within 24 hours after death an. by the attending physician and completely filled in by the funeral paper. Then please remove carbon pages.	- 5		PLACE OF DEATH D. COUNTY PRIM	ICE GEORGES		MAI	RYLAND	2. USUAL RESIDENCE (a. STATE MARYL	Where deceased lived, if	COLINTY	,
the the	i i	_		outside carparate imits give nearest town)		c LENGTH OF STAY	IN 1b		utside corporole fimits, wr		
de de	=		FORESTVII	give nearest tawn)			1	DISTRICT	HEIGHTS		10 1
ج <u>ت</u> (ۃ	(3	Г		L OR INSTITUTION (IF no	t in haspital, giv	re street address)		d. STREET ADDRESS			e IS RES DENCE
in 24 h	5-1		regency i	URSING CEN	TER			7821 GATE	WOOD BLVD.		ON A FARM? YES \(\sum \) NO \(\overline{\chi} \)
executed within	adia "		NAME OF DECEASED Type or print)	FRANK	st	P. Middle	1	ROCON	4 DATE OF DEATH	Month	Doy Year 14 19 6 7
utec mp§		S.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRI	ED 8		SOS 9 AGE (In ye	eors IF UNDER	R 1 YEAR IF JNDER 24 HRS
o r	<u> </u>	M	ALE	WHITE	WIDOWED [N DIVORC	ED 🔲 I	EC. 30. 18		day) Manths yrs	Days Hours Min
rrificate be ex physician and	_	10a dur	JSUAL OCCUPATION of mast of warking like RETIRED T	Give kind of work dane le, even if retired) 'EACHER	INDI	D OF BUSINESS OR USTRY SHOOL		1) BIRTHPLACE (County OHIO	& Stote, or foreign country) 12 C	CITIZEN OF WHAT OUNTRY? USA
fico ysic	<u> </u>		FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		
ertif phy ben	гешола		JAMES W.	BROWN				SARAH M	ALCOLM		
ding	- E	15.	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SC	CIAL SECURITY NO.	17. 1N	FORMANT		Address	
attending processing	, o ,	(),	NO	IN U.S. ARMED FORCES? If yes give war ar dates a	1 201 AICA)		MAF	RGARET B. T	RUESDELL S	AME AS	# 2
that the an. by the a	-		PART I. DEATH	ATH (Enter only one county one co	100	1), (b), and (c).)	+	HRomb	05/5		INTERVAL BETWEEN OUSET AND DEATH
quires †	urial, cr		Canditions, if any, rise to Immediate	couse (n)	(b) Cer	eban/	VA:	SCULAR	Accide	ut	3 wks.
nding property been so the b	or to b		stating the underl	ying couse DUE	6 Sen	eral/2	ied	ARTE	vioscler	205/5	
I: The lor of the hos	## 1	CATION	PART II. OTHER SIG	NIFICANT CONDITIONS C					NDITION GIVEN IN PART I	. ,	19 WAS AUTOPSY PERFORMED? YES NO
HYSICIAN hospital is certifica	t. of He	L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRED. (E	inter nature of injury in	Part I ar Part II of Item	(8.)	
the horder of the detector	ote Dep	MEDICAL	20c. TIME OF INJUR Hayr a.m. p.m.	10	20d INJI While at wark	URY OCCURRED Not While at work		OF INJURY (Home, farmany, street, affice bldg, etc.		νπ) (Cι	ounty) (State)
Affe Ab	\$ 5.00 \$		21. I certify	that (I) (this has	ottol) ottende	d the deceosed	from	962	19 10 NOV	. 14, 19	GZ, that (I) (we) las
OR:	ž į		saw the de	eosed alive on	NOV. I	<u>13</u> 19 <u>67</u> ,	and that	deoth occurred of	6 M, from con		the date stated above
be retc	ed with		22a. SIGNATURE	Wes	SK	<u>ce</u>	M.D	ATTENDING PHYS	MED. STAFF PHYS	□ 22b. □ H -	DATE SIGNED -14-67
A STA	d be find		22c. PHYSICIAN'S NAME (Type)	NALTER	\mathcal{B}	SHEE	R	22d ADDRESS 6400 MM	rlboro fix	E S.E.	MASH D.C
Poge 4	should b	230	BURIAL, CREMATION	23b. DATE THE	REOF	23c NAME OF CEN	METERY OR C	REMATORY	23d LOCATION (City	ar Town)	(Caunty) (State)
5 5 5	A To E		EMATION (Ty)	11/17/		CEDAR HI	LL CRI		SUITLAND,		GEORGES MD
VR A15 ((4)			Robert E.				250. REC'	by registrar $20 \ 1967$	Sb. REGISTRARS	SIGNATURE
25M 1/6	67	1 4	308 Suit #1	and Road.	Suitlan	d. Maryla	and	DATE	JA TO 190k	11	Con Maria



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15784 15802 CERTIFICATE OF The law requires that the deoth certificate be executed within 24 haurs after death funeral 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND h CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 imits, write RURAL and give nearest town) write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) IS RESIDENCE ON A FARM? NO 🔽 3. NAME OF Middle DATE Month Day Year DECEASED 0F ond in ony event, (Type or pnnt) DEATH AGE (In years IF UNDER YFAR SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove birthday) Manths Days Haurs WIDOWED DIVORCED IDa USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired)
Bu. Francoing (INDUSTRY **COUNTRY?** physicion on please Wash GOVERNMEN attending physical Then F cremation, or removol, James Summers WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na, ar unknawn) Kif yes give war ar dates of service Hart CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN the signed by the buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY CONGESTIVE EAR IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove CLEROTIC rise to immediate cause (a), DUF TO stating the underlying cause Page 4 may be retained by the hospital or attending has been , page 3 should be detached for use as the be filed with the State Dept. of Health prior to CENARLIZED last. WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO ASCULAR D15E 45E this certificate 20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Caunity) (State) Hour a.m. factory, street, affice bldg, etc.) Not White ot wark of work 11 -28, 1967, that (I) (we) last 19.6 Z, to. 21. I certify that (I) (this haspital) attended the deceased fram.... saw the deceased glive an 11-28-47/967, and that death accurred at 2 M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: 22g SIGNATURE 22b DATE SIGNED DIRECTOR PHYS 22c PHYS CIAN 22d. ADDRESS NAME (Type) director, should be 230 BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) Cedar Burial Suitland 2So REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Washington



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15795 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased eved, if institution Residence before admission) o COUNTY B. COUNTY do)? Isin e Jeor es MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) Brentwood, Maryland Riverdale, Maryland 1 month d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? 453) 41st Avenue Burne Leland & morial dereital YES NO I NAME OF 4. DATE First Lost Month Year Doy DECEASED Ora M. Dollock NOV. 19 67 (Type or print) DEATH S SEX 6 COLOR OR RACE 9 AGE (In years IF LINDER 24 HRS 7 MARRIED 8. DATE OF BIRTH IF UNDER I YEAR NEVER MARRIED last birthday) Months Colored 9-6-01 WIDOWED DIVORCED 100 USUAt OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? W hin ton, D. J. Government 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Simonett George W. Bullock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Philin/C. Bellack-Anlington, Va. 18. CAUSE OF DEATH (Enter only one couse per line for Ja), (b), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to 'mmediate couse (a), DUE TO stoting the underlying couse WAS AUTOPS PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION MÜ 20o, ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour am. factory, street, office bldg. etc.) Not While ot work ot work 21. 1 certify that (1) (this haspital) attended the deceased from TO FUNERAL DIRECTOR: saw the deceased alive an M , and that death accurred at 10 MM, from causes and on the date stated above 22o SIGNATURE 22b DATE SIGNED STAFF PHYS. DIRECTOR director, page Should be filed 22c. PHYSICIAN'S NAME (Type) BURIAL CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Carver Memorial Park Laurel. Md. 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE



O DEPUTY M. ICAL EXAMINER: This certificate should be executed within 24 haurs after death if any detay is an anexessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Syme Department of THE Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

TO DEPUTY M

VR A15ME

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department

~ 5804

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)							
0.	Prince	George's		MARYLA	ND:	o. STATE Maryland		b. COU	NIY rince (Geor	rgel	5	
b		If outside corporate I mit	S.	c LENGTH OF STAY IN	_	c CITY OR TOWN (If outside corporate mits write RURAL and give nearest town)							
	write RJRAL ont	give neorest town)	-,	200									
<u> </u>	Riverda		. 6 6 6 . 1	DOA		College Park							
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		Memorial H				4915 Eri		eet				ио 🗶	
	AME OF ECEASED		rst	Middle		Lost	4 DATE OF	Mon	th	Day	Yeo		
	ype or pnnt)	Doro	thea	Katherine		Burd	DEATH	11		5	19 (
5 SE	X	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	1	lost birthday)	Months 1	YEAR Dovs	Hours	Z 24 HRS Min	
f	emale	white	WIDOWED	D VORCED		7-27-13		54 Yrs	WOUTH'S	DOAZ	10012	PAIN	
10o t	JSLAL OCCUPATION	(Give kind of work done	10b K	IND OF BUSINESS OR		11 BIRTHPLACE (Stote	or foreign c	ountry)	12 CT	VEN OF			
durin	g most of working	Inte, even if ret red)	CK CH	BUART MOTOR	(0	MARYLI	CND.		(00	NIK (,5		
	FATHER'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111 (3)11			14. MOTHER'S MAIDEN					8		
Ι.	John Co	ממנ				Carolir	ne Sc	haeffer					
		R IN U.S. ARMED FORCES? (If yes give wor or dotes)	16	SOCIAL SECURITY NO	17 1	NFORMANT		Addr					
(Yes,	no,orunknown) No	(If yes give wor or dotes in None	of service)	nknown	3.1 22	Harry G.	Bund	Samo	00 42				
H		EATH (Enter only one cou			HAT.	Harby G.	DULT) Dame	EE TA		RVAL BET	WEEN	
					2						HAMS		
Ш	515 X			atic Failure						-11101	10110		
Ш.	Conditions, if any	DUE which cove											
	rise to immediat	e couse (a)	(b)										
	stoting the unde	rlying couse DUE											
	last.	,	(t)										
Z	PART II OTHER S	GNIFICANT CONDITIONS (ONTRIBUTING	TO DEATH BUT NOT RELATE	ED TO T	HE TERMINAL D SEASE (OI	NDITION G VI	EN IN PART 1(o)		19	WAS AUTO PERFORMI	EDS FDS	
M										YE	S 🔲	NO X	
	200 EXTERNAL CA		20b DI	DOO YAULA, MOH BRINDS	JRRED (Enter nature of injury in	Part or Por	rt Lof item 18 }					
	PR MARY or CO CAUSE OF DEATH.	MIKIBUT NO L											
MEDICAL		JRY Month, Doy, Yeor	20d I	NJURY OCCURRED 20		E OF NJURY (Home, form		((ty or town)	(Cour	nty}	(State)	
[皇]	Hour o.i	10	While		focto	ery, street, office bldg., etc.							
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1 1	SIGNATURE	100	4	~ / /		M D ASSISTANT MEDICA		CARTON			11-6	-67	
	EXAMINER'S NAME (Type) . Ty	And Kehon M	n R	iverdale Ma	a rwr l						<u></u>	01	
	BURIAL, CREMATI			iverdale, Ma				OCATION (City or To	iwn) ((ni ntv)	21	tore)	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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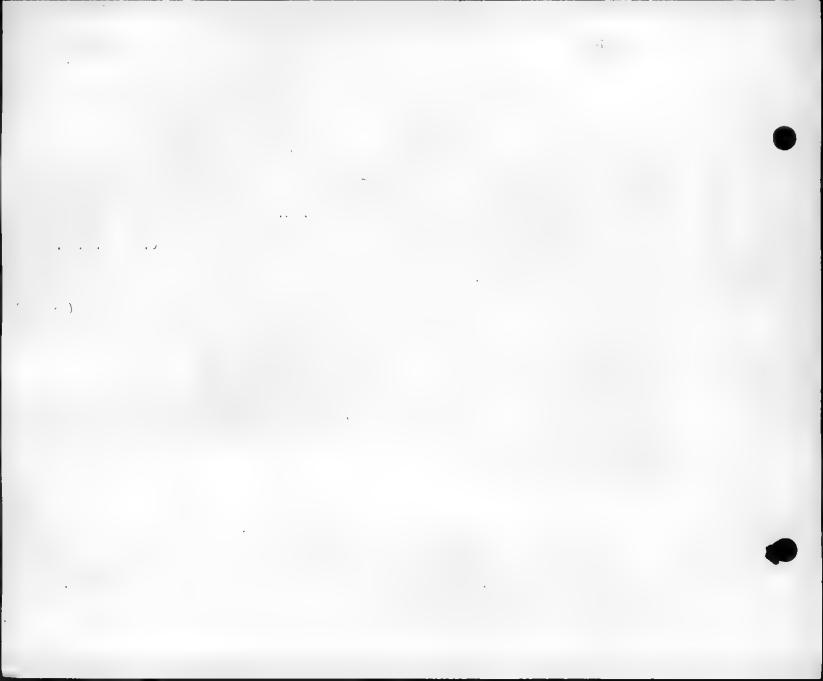
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	PLACE OF DEATH O. COUNTY P	rince George	MARYLA	MD	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odm ssion) o. STATE Maryland b. (OUNTY Prince George				
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		give neorest town)	18 days	ιψ		reside corboror	E HIMIS, WITHE KOKAL	Dila give	1100/231 10/111)
	Chever	у			Lanham				
	d NAME OF HOSPIT	AL OR INSTITUTION (If not in i	hospitol, give street oddress)		d STREET ADDRESS				8 IS RESIDENCE ON A FARM?
	Prince	George Gene	ral Hospital		7548 New	berry	Lane		YES NO 3
	NAME OF	First	Middle		Lost	4 DATE	Month		Doy Year
	DECEASED (Type or print)	Dougla	s Christian		Butler	OF DEATH	Nov.		19, 19 67
5.	SEX	6 COLOR OR RACE 7, 1	MARRIED 🔲 NEVER MARRIED	التتا	B. DATE OF BIRTH			F UNDER 1	
y	I ale	White w	VIDOWED DIVORCED		Sept. 2, 19	166	1 Yrs.	Senths 2	Days Hours Min.
		(Give kind of work done	1Db KIND OF BUSINESS OR		11 BIRTHPLACE (County	& State or for	eign country)		ZEN OF WHAT
dur	na most of working	lite, even it retired)	none		Prince Ge	orge	Co. Md.	1	NBY? A.
13 FATHER'S NAME				14. MOTHER'S MAIDEN I					
	Linwood	C. Butler J	r.		Barbara	Dinsm	ore		
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO.	17. 1	NFORMANT		Address		
(Y	es, no, or unknown)	(If yes give wor or dotes of serv	none	Li	nwood C. E	Sutler	Ir Same	2 2 0	#2 (father)
					nwood O. I	Julici	DI. Dalli	, 40	
	18. CAUSE OF DI PART I. DEA	EATH (Enter only one couse pe TH WAS CAUSED BY:	er line for (o), (b), ond (c) Cardiac Arre	st					ONSERVAL BETWEEN
	IROX	IMMEDIATE CAUSE (o)							
		DUE TO	Wilm's tumo	r o	fkidneve				
	Conditions, if ony rise to immediat		Walling tuillo		2 Actumo y D				
	stoting the unde								
	last	(t)_							
_	PART II. OTHER SI	GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATE	ED TO	THE TERMINAL DISEASE COL	NDITION GIVE	IN PART 1(e)		9 WAS AUTOPSY
CERTIFICATION									PERFORMED? YES X NO
E	2Do ACCIDENT WAS		20b. DESCRIBE HOW INJURY OCCU	JRRED	(Enter noture of injury in	Port I or Port	H of item 18)		
품		CAUSE OF DEATH MEDICAL EXAMINER)							
¥		JRY Month, Doy, Year	20d INJURY OCCURRED 20	De DIA	CE OF INJURY (Home, form	n, 20f.	(City or fown)	(Cour	nty) (Stote)
MEDICAL	Hous or	n.	White Not While		ory, street, office bidg , etc.)		(City of low-i)	(000	(3,016)
2	p.r	m. 19	ot work ot work						
	21. I certi	fy that (I) (this hospital	I) attended the deceosed fro	om	10/13/66 1	19, to	Nov 19	_, 19_6	7, that (1) (we) last
	saw the d	eceased alive on <u>No</u>	1962, and	d tha	t death accurred at	1:10A _M	, fram causes an		
	220. SIGNATURE				ATTENDING 150	MED	STAFF -		TE SIGNED
1		ordin li	V. 00	M I	PHYS.	DIRECTOR	☐ PHYS. ☐		/20/67
	22c. PHYSICIAN'S		3-		22d. ADDRESS				
	NAME (Type)	Gordon W	. Kelly, M. D.		6124 41s	t Ave.	Hyattsv	ille,	Md.
23	BURIAL, CREMATIC	ON, 23b DATE THEREOT	F 23c, NAME OF CEMETE	RY OR	CREMATORY	23d LO	AT ON (City or Town	(County) (Stote)
	BREMPYAL I pecify								George Md
2	4 FUNERAL DIRECTO		ADDRESS		250 DEC.	D BY REGISTR		TRAR S SH	
-			s Hyattsville,	MA		2 4	1967	Canil	Ly July 5
1	TIGHT	Gaach a 301	is injactsville,	TALC	DATE N	JVAL	IO OF		U

TO HOSPITAL OR TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematio≡, or removal, and in any event, within 72 hours after death.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CEDTIFICATE OF DEATH

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		PLACE OF DEATH OF COUNTY TINCE GOOT					2 USUAL RESIDENCE (Maryland	(Where deceosed liv		n Residence Ce Geo		ussion)
					MARYLA							
		 b. CITY OR TOWN (If ou write RURAL and air 	tside corporate limits e neorest town)	,	c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corpore				its, write RURA	AL ond give r	recrest town	1)
		Cheverly			15 days		Capitol H	lghts				_
	- (d. NAME OF HOSPITAL O	R INSTITUTION (If no	it in hospital,	give street oddress)		d. STREET ADDRESS				e IS R	ESIDENCE A FARM?
14	_	rince Geor	<u> </u>				630 61st				YES [NO 🗆
		NAME OF DECEASED	Fir	t2°	Middle		Lost	4 DATE OF	Month		Doy	Year
	_ ((Type or print)	Ma	ıry	E.		Cain	DEATH		. 23,		19 67
Ì	\$. 3	SEX 6.	COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH7/2	2/79 9 AGE	(In years birthday)	Months D	EAR IF UN Doys Hou	IDER 24 HRS.
			White	WIDOWED	DIVORCED		XXXXXXXXX	88				
		JSUAL OCCUPATION (Giving most of working life,			CAND OF BUSINESS OR NOUSTRY		11. BIRTHPLACE (County	& State, or foreign o	ountry)		EN OF WHA	ĭ
	don	Housew	lfe		NOOJIKI		Washingto	n D. C.		(00)	USA	
Ì	13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
		John J. Kefe Margaret C. Faulkner										
	1S	IC MAC DECEASED EVED BELL C ADMED EXDEED 114 COCIAL CECHDITY NO					NFORMANT		Addres	S		
	(Ye	is, no, or unknown) (If y	es give wor or dates o	f service)		Мат	ry A. Seipp	Same	As # 2			
		IB CAUSE OF DEATH			or (n) (h) and (d))		.,		110 11 2		INTERVAL	RETWEEN
		PART I. DEATH W	AS CAUSED BY:	C.	ib Dural Hem	n from	ng.				ONSET AN	
		2011	IMMEDIATE CAUSE	(0)	DULEA MEIL	a con	i apt					
		Conditions, if ony, whi	ch gove >									
		rise to immediate co		(b)								
		stoting the underlyin	g couse									
		lost.	,	(c)							Tre man	
	FICATION	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								DRMED?		
حق	Z.										YES [NO 🔀
	RT B	20° ACC DENT WAS UNI OR CONTRIBUTING □ C	DERLYING AUSFOR DEATH	20b. D	ESCRIBE HOW INJURY OCC	JRRED.	(Enter noture of injury in	Port I or Port II of	item 18)			
	J.	(IF EITHER, NOTIFY MEDI										
	MEDICAL CERT	20c TIME OF INJURY Hour o.m.	Month, Doy, Year				CE OF INJURY (Home, for		r ar town)	(Count	Υ)	(Stote)
	M.	p.m.	19	Whit of wo	e Not While of work	50(1)	ory, street, office bidg , etc	,				
Ì		21. I certify t	hat 🗱 (this has		nded the deceased fr	om	Nov. 8.	1967 to N	ov. 23	. 1967	7. that ()	t (we) las
					3. 19 67, an							
		220. SIGNATURE	0	20.	0 1			P.M.		22b. DATE		
		10	nold	21/	roder	M.D	ATTENDING D	MED. DIRECTOR	STAFF PHYS XX			
		22c. PHYSICIAN'S		E			22d. ADDRESS					
		NAME (Type)	Arnold G.	Brody	z. M. D.		Prince Ge	orges Ger	neral F	lospit	al	
	23o	BURIAL, CREMATION,	236 DATE THE	REOF	23c NAME OF CEMETE	RY OR	CREMATORY	23d. LOCAT O	N (City or Tow	n) (C	ounty)	(State)
		PEMOVAL (Specify)	11/27	167	Mt. Olive	r C.	metern					, ,
	24				m Funeral H	<u>. U</u>	2So. REC	D BY REGISTRAR	Ington 25b. REG	STRAR'S SIG	NATURE	
	1.	Markey 200	od Pood	Wilnel	m runeral H	ome		V 2 0 106	7 10	limela	· Qued	ce.

TO FUNERAL DIRECTOR: After this certificote has been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon dapers. Should be filed with the State Dept. of Health prior to burial, crematian, or removol, and in any event, within 72 hay Poge 4 may be retained by the nospital or attending physician. VR A15 (4) 25M 1/67

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15807 FOR HEALTH DEPT.

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in pencil in Item 18. Give Poges 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death 1f ony delay is

the funeral director. Page 4 should be forwarded to the Ch ef Medical Examiner's Office along with form 5 may be retained for your files.

necessory, please execute the certificate, writing the word "pending"

Health prior to burial, cremation, or remava, and in any event within 72 hauss after death.

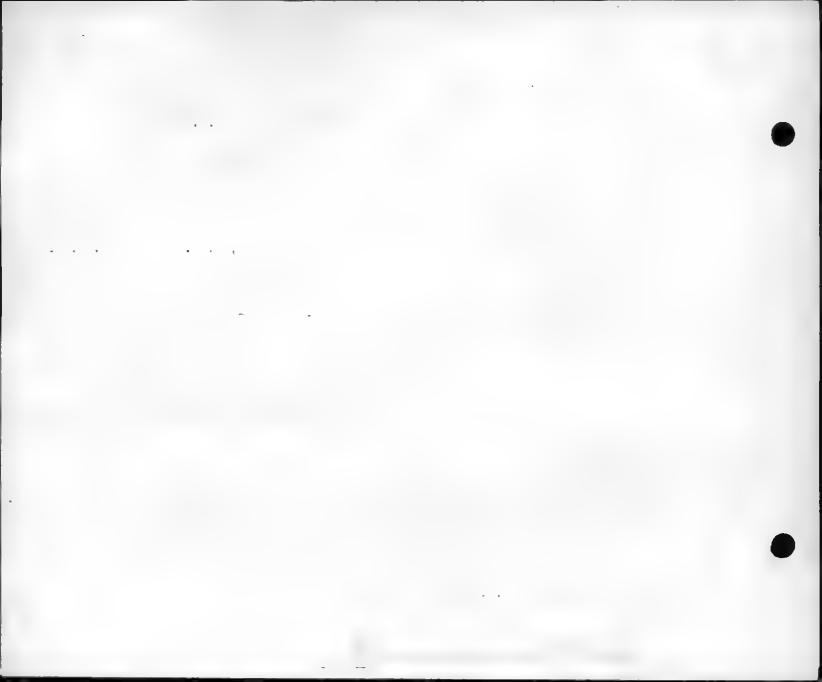
MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15789

PLACE OF DEATH			2 USUAL RESIDENCE (Where deceased lived, finist tution Residence before admission) o. STATE b. COUNTY					
	George's	MARYLAND	O. STATE D. C	D. COUNIT	•			
b. CITY OR TOWN	(If outside corporate limits, indigive nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	itside carparate fimits, write RURAL	and give nearest town)			
Chever		DOA	Washingt	on D.C.	<i>y</i>			
d. NAME OF HOSPI	TAL OR INSTITUTION (If not in hose	pitol, give street address)	d. STREET ADDRESS		e IS RÉSIDENCE ON A FARM?			
Prince	George's Gener	al Hospital	1717 Fra	nklin Street	YES NO X			
3 NAME OF DECEASED	First	Middle	Last	4 DATE Month	Doy Year			
(Type or print)	Fleada	Gordon	Cameron	DEATH 11	3 19 67			
S SEX	6 COLOR OR RACE / MAR	RIED NEVER MARRIED	8 DATE OF BIRTH		FUNDER 1 YEAR FUNDER 24 HRS. Months Dovs Hours Min.			
female	Negro wild	OWED DIVORCED	1-13-19	48 yrs.				
100 USUAL OCCUPATIO		Ob. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
House		None	York Cit	ty, S. C.	U. S. A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME				
Henry	Gordon	_	Mamhe St	teele				
TS WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of service)		INFORMANT	Address	Husband			
None	No		nn R. Cameron	1-1717 Franklin	Street, IE			
	FATH (Enter only one couse per la	ne for (o), (b), ond (c).)			NTERVAL BETWEEN			
PART DEA	ATH WAS CAUSED BY IMMED ATE CAUSE (o)	LACERAT	100 C	5 1,63 M-1,1	ONSET AND DEATH			
7 *	DUE TO	16 4			Men.			
Conditions, if on		TRHUMIT			Fix-va.			
rise to immedio		11-70 8	relate.					
last								
PART I OTHER S	IGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?			
200 EXTERNAL C PRIMARY TO TO CO					YES NO X			
200 EXTERNAL C		Ob DESCR BE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or Port II of Item 18)				
	ON I KIBUTING LI	passenger in car	r involved i	n collision				
		20d NJURY OCCURRED > 20e PLA	CE OF NJURY (Home, form	, 20f (City or town)	(County) (State)			
12:20pm	m 11-3 1967	While Not While Rot	ton street office bldg, etc.)	les Road, Princ	e George's, Ld.			
		e remains described obove, he		Inspection X, Inquiry				
death resul		Α	cide . Homicide					
		J. 11	CHIEF MEDICAL					
ACTUAL SIGNATURE	ha l	12/21	M.D. ASS STANT MED	ICAL EXAMINER	22. DATE SIGNED			
EXAMINER'S	1			A. EXAMINER	11-4-67			
NAME Type) J	ohn Kehoe M.D.,	Riverdale, Mary	land Address (Street	c ty, town, or county)				
230 BUR AL CREMATI	ON, 28b DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)			
Burial Specif	Y) 11/9/67	Lincoln Memo	rial Cemete	ry Suitland	P.G. Ma.			
24 FEMPRAL DIRECT	OR OR	ADDRESS	2So REC'I	BY REGISTRAR 2Sb. REGIS	TRAR S SIGNATURE			
Holes	1. KKULLES O'S	3015-12 at 118	NOV	1 0 1967 RCL	only Judge			

VR A15ME (5)



15360

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the bur al-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any event, within 72 frouts, effer-death

VR A15 (4) 25M 1/67

		LOGUE CERTIFICATE	OF DEATH
	1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissiop)
Ä		O. COUNTY PRINCE GEORGE MARYLAND	O. STATE VIRGINIA 6 COUNTY
/ I	7	b. CITY OR TOWN (If autside carporate imits) (LENGTH OF STAY IN 1b write RURAL and give nearest tawn)	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
		CAMP Soring's Smooths	FALLS CHURCH
,		NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e IS RESIDENCE
25	_	M. GROW HOSPITAL	7107 NORWALK ST YES NO
		NAME OF DECEASED (Type or print) William G. Camp)	bell for DEATH NOV 23 1967
	S	TALE WHILE WIDOWED DIVORCED D	B DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS" 18 TU Z V 7 S In the print of the pr
		USJAL OCCUPATION (Give kind of work done ing most of working life, even if retired) INDUSTRY INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.
	17	NAVIGATOR US AF	14 MOTHER'S MAIDEN NAME
	13	William C. CAmpbell SR	S(EISTER.) JESSE
		is, no, or unknown) (if yes give war or dates at service)	ABUCY (IA IM Ohol (WHITE) NORWACK ST.
		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY, MMEDIATE CAUSE (0) UGI BLEEDIN	G (upper gaster intesting) ONSET AND DEATH
		510 K DUE TO	(1)
		(ond tons, if any, which gave) (b) GASTRITIS	
		rise to immediate couse (a), (DILE TO	
		stating the underlying couse (Lupes NEPH	ZITIS
	2	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL D SEASE CONDITION G VEN IN PART 1(0) 19 WAS A TOPSY PERFORMED?
3	CATO	Hypertens10	N, CONGESTIVE HEART FAILURE YES NO D
	L CERT FICAT ON	206 ACCIDENT WAS UNDERLY NG ☐ 206 DESCR BE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part or Part II of Item 18.)
	MEDICAL		CE OF INJURY (Home, form, 20f (City or town) (County) (State) ory, street, affice bldg., etc.)
			6 th MAY, 1967, to 23 Nov, 1967, that (+) (we) last
			death accurred at 120 M, fram causes and an the date stated above.
		220 SIGNATURE ME ME	
)		PHYSICIAN'S NAME (Type) Michael S. Goldstein	Malcolm Grow Hosp. ANDREWS AGE
	23 q	(BURAL REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR INCOMPANY)	6/0-1/
	24	FUNERAL DIRECTOR 1102 DODRESS BROWN	250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	1		CH 16 DATE NOV 27 1967 Officiale, Judge



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15803

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in the funeral director, page 3 should be detached for use as the burnol-transit permit. Then please remove carbon paper. I ages I and 2 should be filed with the State Dept. of Realth prior to buriol, crematian, or removal, and in any event, within 72 hay is ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 llours after Beath.

Poge 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67 CERTIFICATE OF DEATH

15801

-										
1	PLACE OF DEATH O. COUNTY DRINCE GEORGES MARYLAND	2 USUAL RESIDENCE (Where dece	ased lived if institution Resider	gce before adm ssion)						
	b CITY OR TOWN (if autside carparate limits, write, RURA, and any persent town) And rews AFB	c CITY OR TOWN (If autside corpu	rate limits, write RURAL and giv							
	d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	11 Andr	e. IS RES DENCE ON A FARM?						
/	Andrews Air Force Hospital	4104 CHERI	L LANG	YES NO						
		APANO 4. DATE OF DEAT		S 1967						
S.	SEX F 6 COLOR OR RACE 7. MARRIED WEVER MARRIED DIVORCED 1	DATE OF BIRTH 1899	9 AGE (In years IF UNDER inst Grinday) Months yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min						
	o USUAL OCCUPATION (Give kind of work done ring motivative kind of work done INDUSTRY	11, BIRTHPLACE (County & State, or)) H (LADCLD H)	areign country) 12 (1	T ZEN OF WHAT						
13	CHARLES JANNETTI	14 MOTHER'S MAIDEN NAME JOSEPHINE	? ?							
15 (Y	(NFORMANT ARLES DE CESA	Address Heis							
	IB. CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACUTE M YOCH	RDIAL INFO	RCTION	INTERVAL BETWEEN						
	DUE TO ASSESSED SELL TO SE									
	rise to immediate cause (a), (1/C C. V. V	1 36/736							
	stating the underlying cause (c)									
ATTON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO						
L CERTIFICATION	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Po	ort II af item 1B)							
MEDICAL		E OF INJURY (Home, farm 20f ary, street, affice bldg , etc.)	(City or town) (Co	cunty) (Stote)						
		death accurred at	to //- J, 194 M, fram causes and an t	, that (I) (we) last the date stated above.						
	220. SIGNATURE Lesson M.C.	11112	STAFF 226. 0	PATE SIGNED						
	22c. PHYSICIAN'S BENJAMIN SPECSON A	1 22d. ADDRESS OLJ	SILVER HIL	L ROAD						
23	BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR BENDYAL STREET, 11 - 9 - 1967 Cedar Hill (OCATION (City or Town)	(County) (State)						
2	Birratery 11-9-1967 Gedar Hill (emetery Stan RECD BY REGIS		ryland						
	obert E. Wilhelm Funeral Home Code land	234. 1124 0 0 1 112012	ZOU KEUISIKAK S	JIONAIDKE						



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RM3 Page

15810 FOR STATE HEALTHIDERT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH STREET, BALTIMORE, MARYLAND 21201

RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15802

1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased led, finstitution Residence before admission)												
	o. COUNTY Prin	nce George ts	Maryland Prince George's											
		If autside carporate mits, if give negrest town)	c C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)											
	write RURAL and Clintor	d give neorest town)		DOA		Clinton								
		AL OR INSTITUTION (If no	d STREET ADDRESS e S RESIDENCE											
		iedical Cent	1 . 5	,		Box 634,	, Pi	scatawa	y Road		YES	N A FARM?		
3.	NAME OF	Fars	;t	Middle		LOS†	4	DATE	Month		Doy	Year		
	(Type or print)	Leon	1	Sherman		Case		OF DEATH	11		12	19 67		
5.	SEX	6 (OLOR OR RACE	7 MARRIED	NEVER MARRIED		B DATE OF BIRTH		9 AGE	(In years	F UNDER 1		UNDER 24 HRS		
	Male	White	WIDOWED	DIVORCED	Tx 2	27 Dec. 19	133	lost	57 Yrs	Months	Doys F	lours Min		
100	SUAL OCCUPATION	(Give kind of work done	10b KIN	ND OF BUSINESS GRIC	Wor	BIRTHPLACE (S	State or	foreign country)		12 (17)	IZEN OF WI	HAT		
0.10	Truck Di	life, even fret red Pr.	Geo s	Co. Dept.	Of		New	York		(0)	IZEN OF WI INTRY? US!	A.		
13	FATHER'S NAME	,				14 MOTHER'S MAIL	DEN NAM	/E						
	Ernest A.	Case				Sophia	A.	Povagh						
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16 5	OCIAL SECURITY NO	17 1	INFORMANT Address Clinton, MD. 422								
10	es, no, or unknown) Yes	(If yes give wor or dates of	service		M	s. Doroth	ny A.	Winds	or (Da	u.) F	t.# :	. Box		
		ATH (Enter only one cous	e per line for	(o), (b) and (c))							NTERV	AL BETWEEN		
	PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Heart failure minutes										AND DEATH			
	7 DUE TO Arteriosclerotic heart disease unknown													
	Conditions, if any, which gave \ (b)													
	rise to immediate couse (a), Stating the underlying cause DUE TO													
	tzol		(c)											
×	PART II OTHER SH	GNIFICANT CONDIT ONS CO	INTRIBUTING T	D DEATH BUT NOT RELA	ATED TO	HE TERMINAL DISEASE	E COND T	ON G VEN IN P	ART 1(o)		19 WA	S AUTOPSY REORMED?		
ATIO											YES [
CERTIFICATION	200 EXTERNAL CA PRIMARY ☐ or CO		20b DES	CRIBE HOW INJURY OF	CURRED	(Enter noture of injur	y n Parl	or Port II of	item 1B)					
8	CAUSE OF DEATH.	MIKIBUTING L												
MEDICAL	20c T.ME OF INJU	JRY Month, Doy, Year		JRY OCCURRED		CE OF INJURY (Home,		20f (City	or fown)	(Con	nty)	(Stote)		
ME	Hour o.n	10	While at work	Not While of work	TOCI	ory, street, office bldg.	, erc j							
	21. I certif	y that I taak charge	af the rem	ains described ab	ave, he	ld an Autopsy [٦. ١	Inspection [3	L Inquir	y [52],	and in	my apinian		
	death result	·	/	Accident .			cide [rmined ma			4		
		1 /	19		0	CHIEF MED	_							
	ACTUAL SIGNATURE	ICM	1/	in		M.D. ASSISTANT	MEDICAL	L EXAMINER 🔲			22.	DATE SIGNED		
	EXAMINER'S	/ ' '			,	DEPUTY M	EDICAL E	XAMINER 🔀						
L	NAME (Type) J	7		Riverdale		Address (S		ly, town, ar cour			11-1	3=67		
23	BURIAL, CREMATIC			23c NAME OF CEME		CREMATORY Ceme	eter	23d LOCAT ON	(City or Town	n) ((County)	(Stote)		
	REMOVAL (Specify		th.67	Washfilm /t/c	yty Alf	/t/I/o/ya/I/ /O/e	m	Suitl	and, M	arvle	ınd			
24	RINERA, DIRECTO	grade and a series		ADDRESS		2So	REC D BY	REGISTRAR	2Sb_REG	CLOS Y	CARATIIDA	del		
S	immons Br	cos. 1661-G	d. Hope	Rd. SE. V	Vash	DO DATE	NOV	1 4 19	OH /		1	-		

VR A15ME (5) 6M 1/66

5 may be retained far your files.

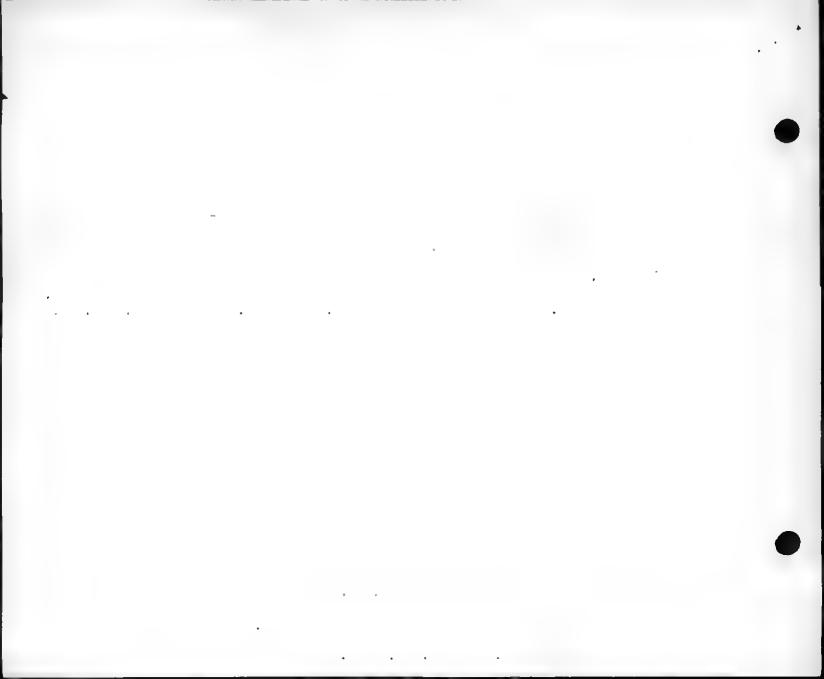
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fire pages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, crematian, ar remayal, and in any event within 72 hours after ceath.

necessary, please execute the certificate, writing the ward "pending" in penal in Item 18. Give Pages Lithe funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm

This certificate shauld be executed within 24 hours after death 1f

CAL EXAMINER:

TO DEPUTY ME



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

15803

. 2 .		_	_001.	3.		CENTII	ITCATE	OF DEATH				001		
and 3	ſ		LACE OF DEATH					2 USUAL RESIDENCE (osed lived, if institu	ition Resident	e before	odmissiar	1)
		f	r.Geo.			MAR	RYLAND	"Marylan	ıd	b. COU	Pr.Ge	0.		
the f Pages urs afte		ŀ	CITY OR TOWN (I	f autside carparate limit	ls, c.	LENGTH OF STAY	1N 1b	c. CITY OR TOWN (IF or	itside carpo	rate limits, write RL	JRAL and give	nearest 1	town)	
- 61 5		(heverl	give nearest tawn)		26 yr	es.	Cheverl	-У				1	
Marie 2	Ī			L OR INSTITUTION (If o	at in hospital, give	street oddress)		d. STREET ADDRESS				e.	IS RESIDE	ENCE
filted Transports: hin 72 ho	. [- 3	5020 - 1	Laurel Av	е.			3020 -	Laur	el Ave.		YE		NO 🔀
-			IAME OF		irst	Middle		Last	4 DATE			Day	Year	
. #247		(Type or print)		herine	M.		ements	OF DEATI	π	ov.	1	1961	
E & S		S S	EX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIE		. DATE OF BIRTH		9 AGE (In years birthday)	Months	PEAR !	F UNDER Hours	24 HRS Min.
ond cample on base con			male	White	WIDDWFD XX		ED 📗	9/2/1878		- 113				
		10a durii	USUAL OCCUPATION ig mast of working I HOU	(Give kind of work done life, even if refired)	10b. KIND (OF BUSINESS OR TRY		11 BIRTHPLACE (County		-		IZEN OF V		
licial leas	-	_		sewire'		-		Washing		D.C.	1	.5.1	Pa. e	
n p val,		13,	FATHER'S NAME	im McKenr	าด			14. MOTHER'S MAIDEN Johanna		hatt				
ling phy Then remaya	- 1	10		R IN U.S. ARMED FORCES?		AL SECURITY NO.	17 10	NFORMANT	. 001	Addi				
attending physician permit. Then please on, or remayal, and i		(Yes	, HOF OL nukuamu)	(If yes give war or dates :	7 1	8-56-24		iss Matil	de E			abor	va s	id-
attendi permit. ion, or r	-	_	110	ATH (Enter only one co	220		7 1 111	(Darugh		dre dre			VAL BETV	
			PART I. DEAT	H WAS CAUSED BY:	/1	DO CIA	A 44.4	2 1 17		1 Van	/		T AND DE	
on. by the transit cremat				IMMEDIATE CAUSE Due		0	DIM	0/1	e- 01	v. 1. V. C. Z.	•	-35-4	aten	1714
physici signed burial- burial-			Conditions, if any,	which gave		lunon	and	Edein	12_			-2	ole	cur
sign buri		ı	rise to immediate stating the under		1 /		en Vi	ie Hear	1 1) is conse				1
ding ding seen the tro			last once	lying coase	(1) geml	O Uran	ELM	trace .	Jul	ce from	4	(5 mil	ya M
ttem as b as b as b		z Ì	PART II. OTHER SIG	INIFICANT CONDITIONS	ONTRIBUTING TO D	EATH BUT NOT RE	ELATED TO T	HE TERMINAL DISEASE CO	NDITION	VEN IN PART 1(a)	-	19 14	AS AUTOI	PSY
ar a ar a te h use alth	-4	CERTIFICATION										YES		10
for fired for the fired for th		ETE	20o. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY (OCCURRED. (Enter nature of injury in	Part I or Po	ort II of item 18)				
haspi is certi ached lept. al			(IF EITHER, NOTIFY)	MEDICAL EXAMINER)										
this this etac		MEDICAL	20c. TIME OF INJU Haur 'a.m	RY Manth, Day, Year	20d 1NJUR While	Y OCCURRED Nat While		E OF INJURY (Hame, farm ary, street, affice bldg., etc.		(City or town)	(Cou	nty)	(2	tate)
y the terminate of the		~	p.m		at wark L	at work L_1		16.				. ()		
ed best of the Second of the S			21. I certif	y that (I) (this hose ceased alive an	spita l) aftended	the deceased	fram	death accurred at	020	ta // /	, 19 <u>.6</u>), that	t (l) (w	re) las
Togath Tageth			22o. SIGNATURE	reasen anve an	1	1	unu mui	deally accorded to	430	M, Dain Canses		TE SIGNED		UDQV6
DIRECTOR STATES			ZZG. SIGNATURE	1 LV	alia	W	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		IL SIONED		
AL DIR AL DIR page e filed			22c. PHYSICIAN'S			1 //1/11		22d, ADDRESS				1 _	1 .	0.
Magnetic Personal Per			NAME (Type)	OHANNI	ES SA	MARJ	AN	6001	KAN.	DOVER	100	1. 0	hero	37
Page 4 may be O FUNERAL DIR director, page 3		23a.	BURIAL, CREMATIO		EREOF 2	3c NAME OF CEN	METERY OR C	REMATORY		OCATION (City or To		(Caunty)	(Sto	ate)
Page 10 Fun direct shaul			REMOVAL (Spirity)	/ _ /				emetery		shingto		C.		
VR A15 (4) 25M 1/67		24	FUNERAL DIRECTOR	MOTTON	Funere	ADDRESS N	it.Ra	inier250 RECT			EGISTRAR'S SI	GNATURE		
25M 1/67			Home L	nc.		Ma	ryla	na DATE	MAN	0. 1007	Dr. I	10	() ~	1



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Menta	V	C	4.	60

	1561	.2		CERTIF	ICATE	OF DEATH			151	9.0.4			
	PLACE OF DEATH					2 USUAL RESIDENCE (V	Where deceosed liv			ore admissio	an)		
	o. COUNTY PRI	INCE GEORGE	S	MAR'	o. STATE MARYLAND PRINCE GEORGES								
	b. CITY OR TOWN (IF	outs de corporate limits.		LENGTH OF STAY	IN 1b	c CITY OR TOWN (If ou	rtside corporate lim	its, write RURAL	ond give neor	est town)			
	SU	give negrest town)		1 MON	rH	HYAT	TSVILL	E			,		
_	d. NAME OF HOSPITA	L OR INSTITUTION (If not in	nospitol, give	street oddress)		d STREET ADDRESS			Ī	e IS REST			
	SUI	ITLAND NURS	ING H	OME INC	J.	6623	3 24TH.	AVENU	E		NO 💽		
	NAME OF DECEASED	First		Middle		Lost	4 DATE	Month	Đi	y Yeo	ar		
	(Type or pnnt)	FORTUN	ATA			COLLELI	DEATH	11	15		67_		
5	SEX	6 COLOR OR RACE 7 /	MARRIED 🔲	NEVER MARRIE		B. DATE OF BIRTH			JNDER 1 YEAR onths Doys		R 24 HRS. Min.		
	FEMALE	WHITE W	IDOWED 3	DIVORCE		5-6-68		9 yrs.	0013	110013			
	uSUAL OCCUPATION ing most of working la	(Give kind of work done	TOP KIND (OF BUSINESS OR		11 BIRTHPLACE (County	& State, or foreign a	ountry)	12 CITIZEN EOUNTRY				
	HOUSEWI		111003	KI		ITAI	Y		U.S	. A .			
13	FATHER'S NAME					14 MOTHER'S MAIDEN							
	PI	ETER GRECO					GATA	NA GER	VERSI	A			
15. (Ye	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOCI	AL SECURITY NO.		NFORMANT		Address					
(,,	NO	If yes give wor or dotes of serv	213-	54-8/2	O M	RS. ROSE 1	NASH	SAME A	S #2				
		ATH (Enter only one couse per H WAS CAUSED BY,	r fine for (o),	(b), ond (c).)			A 0 3			NTERVAL BET			
	4.4	IMMEDIATE CAUSE (o) _	PA A	TEKIO.	CCE	ROTTE A	CE ARI	DIJE	11-743	III FILE D			
	ナケナノ	DUE TO		UI, DE	070	1-77-04			4	KER	~ 11 a		
	Canditians, if ony, rise to immediate	couse (n)		19161	616	NTON				NEI	= K \ \		
	stoting the under	lying couse DUE 10							ļ				
	lost) (c) _				· · · · · · · · · · · · · · · · · · ·			1				
%	PART II OTHER SIG	INFICANT CONDITIONS CONTR	IBUTING TO D						119	PERFORM	FD3		
3						RAL 151				YES	NO A		
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING I	☐ CAUSE OF DEATH	205. DESCRI	BE HOW INJURY O	CCURRED	Enter nature of injury in	Port I or Port II of	item 1B.)					
	(IF EITHER, NOTIFY A	 	204 INITIO	Y OCCURRED	20 - Diac	E OF INJURY (Home, form	n. 1 20f. (City	or town)	(County)		(Stote)		
WEDICAL	Hour o.m	RY Month, Doy, Year	While	Not While		ory, street, office bldg, etc.)		roriowity	(coniny)	1	21018)		
~	p.m		ot work L			10/15	10 (- >-	11/15	10 6 5	d - (7)\ 7	- 1 I		
		y that (I) (this haspita ceased alive an	D / 7	the deceased	and that	death accurred at	967, to_	im rauses and	I on the de	inat (I) ('	wej ias Labavo		
	220 SIGNATURE	reasen allae all	11/	<u>/</u>	did illa	death accorred at	7 - 3 m, m	iii cooses alic	22b DATE SIG		1 GDGVe		
	//	1/1	1/2	lem	MINT	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.					
	22c PHYSICIANS	BRUMO	12	12/0	1	22d ADDRESS 4			O RO	1.0	Č.		
	NAME (Type)	13 KU WO	~0.	~~			RLOU				is		
23c	. BURIAL, CREMATIO		. 2	3c NAME OF CEM	ETERY OR	CREMATORY	23d. LOCATIO	N (City or Town)	(Coun	ly) (S	tote)		
	REMOVAL (Specify)	11_18_	67 N	OT.TV	em C	RMRTERT	WAS	HINGTO	N	D. (C.		

2So

ST.N.W.

REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURI

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled_ist_by the foll director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages lishould be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72-hours often Poge 4 moy be retained by the hospitol or attending physician.

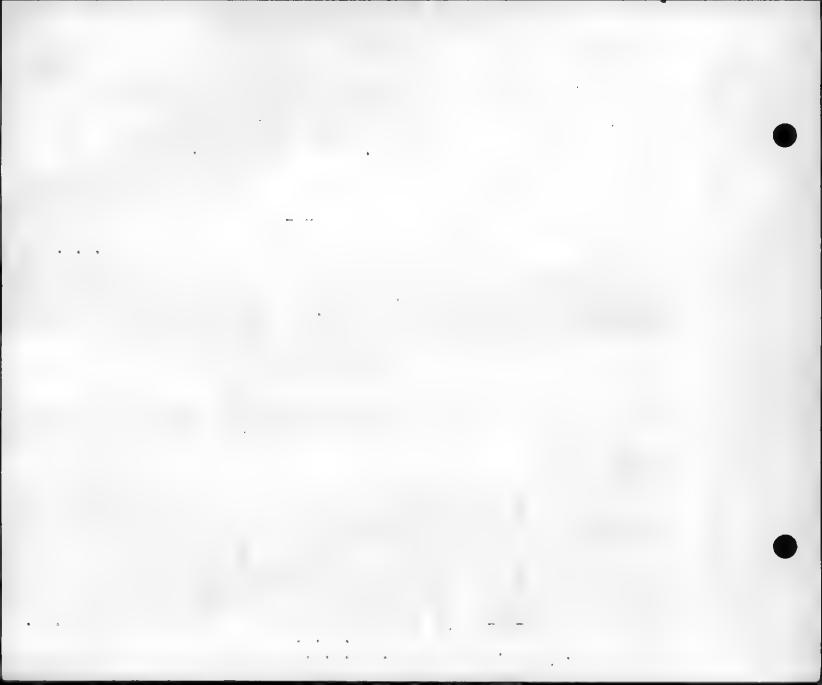
VR A15 (4) 20 M 1/66

FUNERAL DIRECTOR

FRANCIS

3821

14TH.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15805 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAI 2 USUAL RESIDENCE (Where deceased lived, finstitution Residence before admission I. PLACE OF DEATH o STATE o. COUNTY b. COUNTY œ Marvland Prince George's dip Prince George's MARYLAND b CITY OR TOWN (f outside corporate limits c LENGTH OF STAY IN b c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give necrest town) offer Laurel Laurel d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE e, writing the ward "pending" in pencil in Item 18 Give Pages 1, farwarded ta the Chief Medical Examiner's Office along with farm, ON A FARM? hours 14101 Dub Drive NO DO ate 7/101 Dub Drive 4 DATE 3. NAME OF First Lost Month Year within 72 DECEASED OF DEATH (Type or print) Collins Anna' AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdoy) Months Doys Hours DIVORCED WIDOWED Aug. 1967 land2 event White Female 12. CITIZEN OF WHAT 11 BIRTHPLACE (State or foreign country). 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life even if retired) any pages In any 14 MOTHER'S MAIDEN NAMI FATHER'S NAME File IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT DR JAMES J COLLINS 14101 (Yes, no, or unknown) (If yes give wor or dotes of service remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (o) DUE TO cremation, Conditions, if ony, which gove SDIT rise to immediate couse (a). DUF TO stating the underlying couse lost. burial, 19 WAS AUTOPSY PERFORMED? PART I OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES W NO 20o. EXTERNAL CAUSE WAS prior 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port I of Item 18) shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20e PLACE OF INJURY (Home form (Stote) 20c TIME OF IN. JRY Month, Day Year 20d INJURY OCCURRED (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) While Not Wh'le may be retained far your FUNERAL DIRECTOR: Page of work at work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection 📆, Inquiry 🔽 and in my opinion death resulted from. Natural causes X / 1 Acciden Undetermined manner Suicide Hamicide | the funeral director CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be 100 FUNERAL Health ar 1 DEPUTY MEDICAL EXAMINER K **EXAMINER'S** Address (Street, city, town, or county) John Kehoe. Riverdale. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 2Sb. REGISTRAR'S SIGNATURE

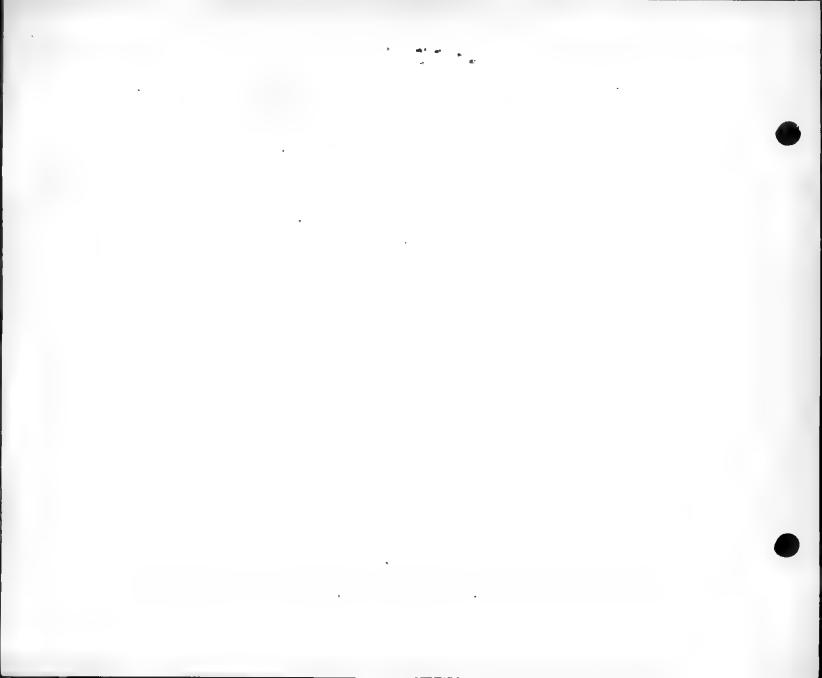
Ochanles

24 hours after death

be mxecuted within

This certificate shalld

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Year

NO.

(State)

(Stote)

19

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY & Prince-Georges Maryland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate imits, c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) Silver Spring filled in 1 d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1500 Oak View Drive YES NO NAME OF 4 DATE Middle DECEASED OF DEATH S. SEX In years 6. COLOR OR RACE **NEVER MARRIED** hiphday) lost Months 10o USUAL OCCUPATION (Give kind of work done 1). BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

HOUSEWIFE COUNTRY? 13. FATHER'S NAME or removal, 17. INFORMAN 16. SOCIAL SECURITY NO. 5905 FISHER, WASH (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BYsigned by the burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stating the underlying cause has been the WAS ALTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form. (City or town) (County) 20c. TIME OF INITIRY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While ot work at work 21. I certify that (I) (this hospital) attended the deceased from M. from causes and on the date stated above saw the deceased alive on. and that death occurred at 220 SIGNATURE 226 DATE SIGNED DIRECTOR 22d ADDRESS 22c PHYSICIAN'S CLINTON,1 director: p 23b. DATE THEREOF 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) Martinsburg West Virginia 11-9-1967 Bunker Hill Cemetery 24 FUNERAL DIRECTOR VR A15 (4), Wilhelm Funeral Home 4308 Suitland Rd

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death

P. W. The . メ

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

	D	ivision of STATISTICA	L RESEARCH AND RECORDS, 3	01 W. PRESTON STR	EET, BALTIMORE, A			
	15814		MEDICAL EXAMINER'S	CERTIFICATE (OF DEATH	-	15808	
1	PLACE OF DEATH	- :		2 USUAL RESIDENCE	(Where deceased lived if	institution Resid	ence before odmission)	-
	o COUNTY Prin	ce George's	MARYLAND	o STATE		ь county vince Ge	ongo La	
1	b CTY OR TOWN (If	outside corporate imits,	c LENGTH OF STAY IN 16	Maryland	uts de corporate limits, w			
	write RURAL ond Cheverl	give nearest town)	DOA	New Carro	77+00		11.1	
\vdash			hospital, give street address)	d STREET ADDRESS	11777011		e IS RES DENCE	_
	Prince G	eorge's Gene	ral Hospital	8066 87th	Avenue		ON A FARM? YES ☐ NO ☐	k
3	NAME OF DECEASED	First	Middle	Lost	4 DATE OF	Month	Doy Year	
	(Type or print)	Glenn	Weldon	Dameron	DEATH	11	10 19 67	
S	SEX	o COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (n y		R 1 YEAR FUNDER 24 FER	_
	Male	MINISTRE	DOWED DIVORCED	9 July 191	0 57	yrs		
	o USUAL OCCUPATION (ging most of working li	Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (Stote	or foreign country)	12	CITIZEN OF WHAT	
1	Analyst		N.S.A.	Ava. Mo.		U\$	COUNTRY?	_
13	FATHER'S NAME			14. MOTHER'S MAIDEN	***************************************			
L	Claren				a E. Boone			
IS N	es, no grunknown) If	IN U.S. ARMED FORCES? I yes give wor or dotes of serv	16 SOCIAL SECURITY NO 17	INFORMANT		Addrew	Carrollto	n
	ves	WW II	246-14-3512	Mrs. Lavir	nia C. Dan	meron,	Md.	
		TH (Enter only one couse per WAS CAUSED BY	1 11 1 11 111				INTERVAL BETWEEN ONSET, AND DEATH	
		IMMEDIATE CAUSE (o) 🕹	leart failure				minutes	_
	T Edamdam		Arteriosclerotic 1	neart disease	Э		dver 6 mo.	
	Conditions, if ony, was to immediate	couse (a)						
	stoting the underly							
) (c)_	DUTE C TO DEATE D T HOT DE ATED TO	THE TERMS AL DIFFACE CO	ADITION CHEN IN DADY	1/->	VOQUITIN 26 MAY 01 I	
NO	PART II OTHER SIG	NECANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	J. THE TERMINAL DISEASE CO	INDITION G VEN IN PAKT	1(0)	19 WAS AUTOPSY PERFORMED?	-01
FE	200 EXTERNAL CAU	SE WAS	20b DESCR BE HOW NIDRY OCCURRE) (Enter paters of to the in-	Part Las Part II of stam	101	YES NO [
CERTIFICATION	PRIMARY Or CONT		TOD DEPCK DE HOAA MINKE OFCOKKE	oftenes norme or micra in	Pull For ear II or light	10 }		
		Y Month Doy, Yeor	20d N.JRY OCCURRED 20e P	LACE OF INJURY (Home, for	m, 20f (City or to	nwn) (awa	County) (Stote)	
MEDICAL	Hour o.m.	10	While Not While	octory, street, office bldg., etc			(31010)	
	p.m.		the considered and the considered	hald on Autonou 🔘	Institution 🗆	In a constant		
	death resulte	~	the remains described above, I Puses 521. Acadent . Su	1 1 1	Inspection 🔀,	اعط Inquiry	, ,	on
	dedili tesolle	d Holic Nulura Ca	uses (X), Acquent [], Sc	picide, Hamicide CHIEF MEDICAI		ned manner [
	ACTUAL	11/2/1/20	16.17		DICAL EXAMINER		22. DATE SIGNE	D
	SIGNATURE	192011		IN U	AL EXAMINER X		55 50 /	
	NAME (Type) JC	hn/Kehoe, M.	D. Riverdale, M	d. Address (Stree	et, city, town, or county)		11-10-67	
23	O BURIAL, CREMATION	I, 23b DATE THEREOF	_		23d LOCATION (C+		(County) (State)	
	Burial Specify)					Va.		
2	4 FUNERAL DIRECTOR		ADDRESS			25b. PECISTRAR'S	SIGNATURE	
	Everiy-	Wheatley	Alex., Va.	DATENC)V 14 196	1	0	

VR A15ME (5) 6M 1/66

5 may be retained for your files.

FOR STATE HEALTH DEPT.

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Health or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours.

TO FUNERAL DIRECTOR: Page 3 should be used as a burral-transit permit

deont 9

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed within 211 haurs after denth if any delay is

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TO BEPUTY MA



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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15809

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

~~ 01.4	CERTIFICATE	OF DEATH		
1 PLACE OF DEATH		2. USUAL RESIDENCE (V	Vhere deceased lived, if institution	Residence before admission)
Prince Georges	MARYLAND	Maryland	b. (OUNTY Prince	Georges
b. CITY OR TOWN (It outside corporate limits)	c. LENGTH OF STAY IN 1b		tside corporate limits, write RURAL	
Cheverly	19 days	Palmer Par	k	/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi		d. STREET ADDRESS		e. IS RESIDENCE
Prince Georges General Hos	pital	740185th	Avenue	ON A FARM? YES NO 🔀
3 NAME OF First	Middle	Last	4. DATE Month	Doy Year
(Type of print) (Joseph) Guisepp	a D!A:	rcangelo	OF NOV.	17, 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	DA-E OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED	XX DIVORCED	11/20/91	75 yrs	Orina Doys Hours Hill
	ID OF BUSINESS OR	, ,	& State, or foreign country)	12 CITIZEN OF WHAT
dur To Trott of Beschief Hoteven if retired) BIND	ilding	Italy		COUNTRYS. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Zopito D'Arcangelo			a Dinofrio	
		NFORMANT	750 Idd Ma	lleck St. (son)
'no' 579	9 05 7834 All	pert D'Arca	ngelo Washing	gton D. C.
18. CAUSE OF BEATH (Enter only one couse per line for (INTERVAL BETWEEN ONSET AND DEATH
			ia , bilateral,	ORDET AND DEACH
,	volving all lo			
rise to immediate couse (a)	re prurulent 1	tracheal bro	nchitis	
stoting the underlying couse	ary Arteriosc	laracio		
1031.		· · · · · · · · · · · · · · · · · · ·		
PART II OTHER SIGNIFICANT COMPUTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE (ON	IDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES XX NO
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED.	Enter noture of injury in E	Part 1 or Part II of Item 18 }	
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
Hour o.m. While	Not While foctor	CE OF INJURY (Home, farm ory, street, office bldg., etc.)		(County) (State)
21. I certify that (this haspital) attende		Oct. 29. 1	967 to Nov. 17.	1967 that (0) (we) last
saw the deceased alive on Nov. 1	719_6.7, and that	death accurred at	8:00AM, fram causes and	I an the date stated above
22o SIGNATURE		ATTENDING	MED STAFF	226. DATE SIGNED
1 1 1 0	7 MD	PHYS	DIRECTOR PHYS XX	11/18/67
22c PHYSICIAN'S NAME (Type) Arnold C. Brown	Morly	Prince Ger	orges Ceneral Ho	ospital
230 BURIAL, CREMATION, 23b. DATE THEREOF	234 NAME OF COMETERY OR	CREMATORY	23d, LOCATION (City or Town)	(County) (State)
Burial 11/21/67	Mt. Olivet		Washington I) C
24. FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 2Sb REG ST	RAR S SIGNATURE
Francis Gaschie Sone Hys	atterilla Md	DATENO	V 2 2 1967 KC	corles judge

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 23c & 23d, FILTER OF DEATH ac

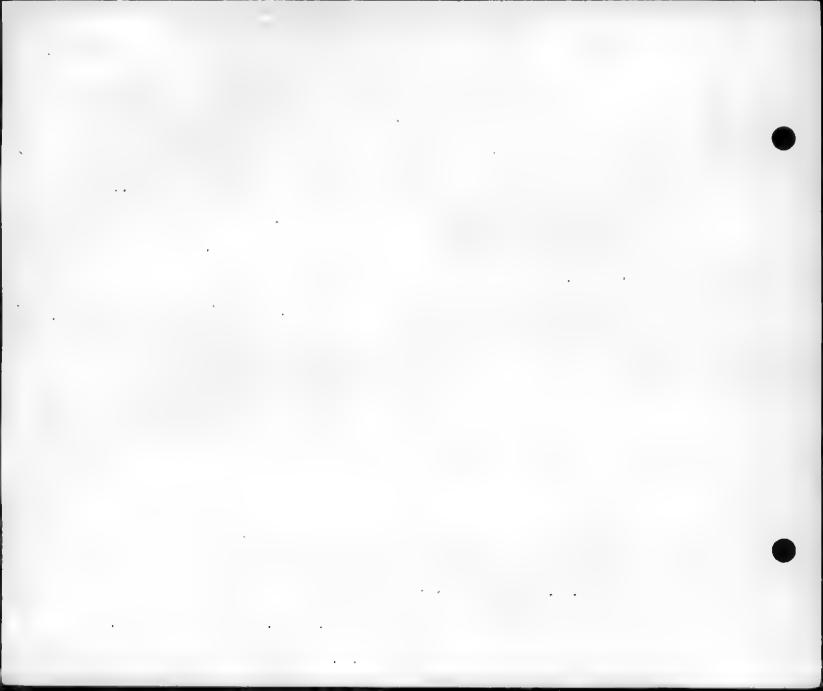
13810

death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled include funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 7 hours after deat Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 llaurs after death.

4 F Q 1 C

	OI DEATH	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
o. COUNTY Prince Georges MARYLAND	o STATE Maryland Prince Georges	
b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
write RURAL and give nearest tawn)		
Cheverly 3 hrs 20 m d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Cheverly e is residen	100
, , , , , , , , , , , , , , , , , , , ,	ON A FARM	M?
Prince Georges General Hospital	J200 Heamit Avenue	
3 NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year	
(Type or print) Paul (FORGE D	aston DEATH 19 Nov. 1967 19	
5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR 1FUNDER 24 Months Days Hours	4 HRS. Min.
Male White WIDOWED DIVORCED	17 Oct. 1921 46 VIS	arring.
10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT	
during most of working life, even if retired) INDUSTRY Professor	Boston, Mass. (OUNEY?	
13. FATHER S NAME	14. MOTHER'S MAIDEN NAME	
George P. Daston	Zenobia Zarapatis	
	NFORMANT Address	
(Yes, ng. or unknown) If If yes give wor or dates of service)	April D. Doctor/Wise 3206 Tremont Av	e.
Yes 10-2-42 to 032-09-1797 N	Tarie P. Daston Wile Cheverly Md.	TN
PART I DEATH WAS CAUSED BY:	ONSET AND DEAT	TH
IMMEDIATE CAUSE (o) DUE TO	arrog	
Conditions, if ony, which gove) (b) Oleanty (u)	la to brotheress 15m	
rise to immediate rouse (a)	es pt-1000 gras por	
stoting the underlying couse DUE TO WILLIAM PRODUCT	ill Caller File Them	7 ,
lost. (c)	and character force	CV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS PERFORMED?	, Y
R heunited C	elevolite YES NO	
	(Enter nature of injury in Port I or Part II of item 18)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLAT	CE OF INJURY (Home, form, 20f (City or town) (County) (Sta	ite)
Hour o.m. 19 While Not While of work	ary, street, office bldg., etc.)	
	2. 5/An 11-141961, to 5 60 Hz, 1967, that (1) (we	s) los
	t deoth occurred at 35 AM, fram causes and on the date stated a	
220. SIGNATURE/	226. DATE SIGNED	
MI MUNICIPALITY M.C.	ATTENDING MED. STAFF	
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type Dr. W. Weihrraub, M.D.		
	CREMATORY 23d10C&TJON (C ty or Town) (County) (State	0)
REMOVAL (Specify) 195 / 19 Baltimore N.	CREMATORY 23d. 10CATION (City or Town) (County) (Stote Paltimore, Md	-1
Burial 22 NOV. 76 At Angton No 24. FUNERAL DIRECTOR ADDRESS	AT KANDAOTY, VA.	
7400 Coordia Av	NW 250. KEED ST KEEDSTRAK 1 250 KEEDSTRAK 1 3 CONTRACT	
Rinaldi Funeral Home Washington, D.C.	20012 DANOV 2 1 1961	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15817

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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I A THE A POT	_			2 7 (3 3
HALFHADEPI.		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residen	ice before odm ssion)
~ 0 a . 2		Prince George's MARY AND	Maryland b COUNTY	(Act !
Po Po	-	CITY OR TOWN (if outside corporate limits, CLENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and giv	re neores town)
M3.		write RURAL and give nearest town)		1
Pr - Pr	-	Cheverly DOA 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Laurel d street address	e IS RESIDENCE
	1			ON A FARM?
fe 10g = =	_	Prince George's General Hospital	503 4 th. Street	YES NO.
するをラ	3.	NAME OF First Middle DECEASED	Lost 4 DATE Month	Doy Year
Give ing w		Type or print) Robert PELTON	Dauchy DEATH 11	27 19 67
8. Give Post along with the Xtg	5	EX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9. AGE (In years IF UNDER	
3 0 18.0 18.0 18.0 18.0 18.0 18.0 18.0 18.0	1	Male White WIDOWED DIVORCED X	30 June 1926 41 yrs. Manths	Doys Hours Min.
heurs after Item 18. Giv Office along and 2 with the	10o	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	7	TIZEN OF WHAT
4 ± 0 0 = 1	dur	ng most of working life, even if retired) INDUSTRY		JUNTRY?
thin 24 nicil in niner's poges urs offe	13.	FATHERS NAME	14 MODIFERS MA DEN NAME	21
within pencil comine le pog hours		[1 1 1 1 1]	2	
I within 24 in pencil in Exominer's File pages 2 hours offe	15	WAS DECEMBED THE BULL STATE OF THE STATE OF	bronder de de la	
d be executed within 24 hmurs in lem 18 Chief Medical Exominer's Office contraining permit. File pages Land 2 weent within 72 hours offer death		s, no, or unknown) (If yes give wor or dates of service)	INFORMANT Address	7 1
executed in a manage in the medical I permit.		yes 144-46 12-20-14288	Thorough acurel	Md.
d be executed d "pending" i Chief Medical transit permit.		PART DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH
sho≣ld be e ne word "per o the Chief I burial-transit n ony event n		IMMED ATE CAUSE (a) Bilateral lobar pre	eumonia	unknown
word word the Ch rial-tro		7 1 V / DUE TO		
e showld the word to the Cl i burial-tr in any ev		Conditions, if any, which gove) (b)		
1 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		rise to immediate couse (o), stoting the underlying couse DUE TO		
fing tring t		last. (c)		
	,,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
for your	CERTIFICATION			PERFORMED?
This cote be fibe file.	ISIC	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port 1 of item 1B.)	[1.0 [] 1.0 [
er: Tert fiction ould be se. hould bound hould	CERT	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	,	
MINER: the cert 4 should in files. 5 should			ACE OF INJURY (Home, form, 20f (City or town) (Co.	unty) (Stote)
IXAMINER: This cert ute the cert ficate, wri ge 4 should be farwo your files. Page 3 should be used cremotion, or removol,	MED.CAL	Hour o.m. While Not While fact	tary, street, office bldg., etc.)	311-13
S A S A S A S A S A S A S A S A S A S A	-	p.m. 19 otwork otwork		
		21. I certify that I took charge of the remains described above, he		and in my apın i a
m M. e exerctor. P ned for ECTOR burial,		death resulted frain Natural sauses 🖾 , /Accident 🔲 , Su'c	cide 🔲, 🛮 Homicide 🔲 , 💛 Undetermined monner 🔲	
ease ease direc toin to b		ACTUAL / 1 / 1	CHIEF MEDICAL EXAMINER	
		SIGNATURE TO THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
ury planty planty, pla		EXAMINER'S	DEPUTY MEDICAL EXAMINER 🔀	33 00 /0
ro DEFLITY in necessary, p the funeral of S may be re co FUNERAL (Health prior		NAME (Type) John Kehoe, M.D. Riverdale, Md		11-27-67
O the C	23a	BURIAL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
=	1	Benoval (Specify) 11-30-67 July Hell	(ein Laurel 1	nex
VR A15ME (5)	24	FUNERAL DIRECTOR / ADDRESS	7 250 RECD BY REGISTRAR 1967 256 RECURARS S	SICNATUR
6M 1/67 ()	111	Will Dunalley Samuel.	MATEUEU 4 13 by March	med hand an



15812

1	. • • •			CERTIFIC	LAIE	UF DEATH						
I	1. PLACE OF DEATH					2 USUAL RESIDENCE (Where dece			e before	0dm/5510	n)
1	o. COUNTY	Prince Georg	ge¹s	MARYLA	AND AND	o. STATE Maryla	ınd	b. COU	Prince	e Ge	orge	1s
ľ	b. CITY OR TOWN	If outside corporate limits,	~	C. LENGTH OF STAY IN	1b	c CITY OR TOWN (If o	utside corpo	rate limits, write RU				
1	write RURAL on Cheve	d give nearest town)		38 days	.	Mt. Ra	inier	1			,	
<u>, </u>	d NAME OF HOSPI	TAL OR INSTITUTION (If not	ın hospital, givi	street address)		d STREET ADDRESS				e	IS RESID	ENCE
1	Princ	e George's G	General	Hospital		4221 3	Oth S	St.		Y	ON A FA	
İ	3. NAME OF	First	·	Middle		Last	4. DATE		th	Doy	Yeo	
1	(Type or print)	McKa	зу	M.		Dement	OF DEAT	H Nov	,	4,	19	67
I	S SEX		7. MARRIED	NEVER MARRIED	[3] 8	. DATE OF BIRTH		9 AGE (In years	IF UNDER 1	YEAR Doys	IF UNDER	24 HRS. Min.
ı	Male	White	WIDOWED [DIVORCED		12/12/05		61 ast birthdey)	WAGHIP?	DOAZ	11000	1957(1)
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1	during most of work	IOTK	Hardy	are Store		Kennett,		ouri	COC	U.S	.A.	
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1		ge DeMent				Sarah	Kind					
ı	15 WAS DECEASED EVE (YBS, no. of Anknown)	FR IN U.S. ARMED FORCES? (If yes give war or dotes of s	16, \$00	CIAL SECURITY NO		NFORMANT		Addre				
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1		EATH (Enter only one couse TH WAS CAUSED BY:	per line for (o), (b), ond (c).)	-#		1 1/	1-0	- 1	INTE	RVAL BETY	
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ı	stating the unde	erlying couse										
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1	OR CONTRIBUTING	CAUSE OF DEATH	200 0050	CIDE HOW HOOK? OLL	ORRED. (Emer notice of thirty in	16:110:1	OIT II OF HEILT TO J				
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1		eceased alive on	Nove			death occurred at	12.30	M from causes	and on th	e date	stoted	-,
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ı		LANVIAIN.	HX	assan V	M.D	PHYS.	DIRECTOR	STAFF PHYS] /	1./4	6/6°	7
ı	22c. PHYSICAN S			3		22d ADDRESS	0-2	A /a	1.1	7.7	1 /	11
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	230 BURIAL, CREMATI REMOVAL (Specific		OF in	23c. NAME OF CEMET	ERY OR C	REMATORY	23d.	LOCATION (City or To	wn)	(County)	(51	ote)
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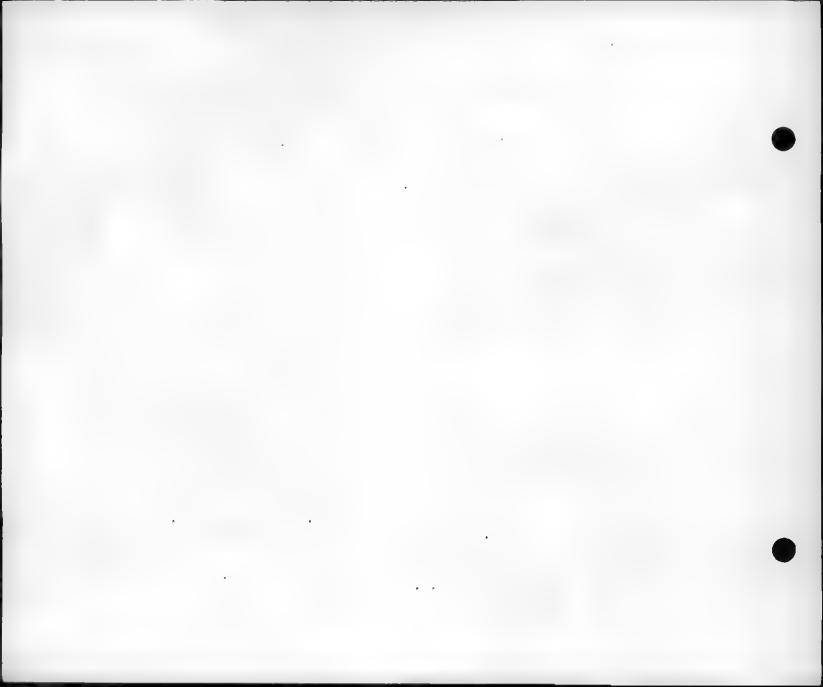
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages shauld be filed with the State Dept. at Health prior to burial, cremation, or remaval, and in any event, within (2 haurs a VR A15 (4) 25M 1/67

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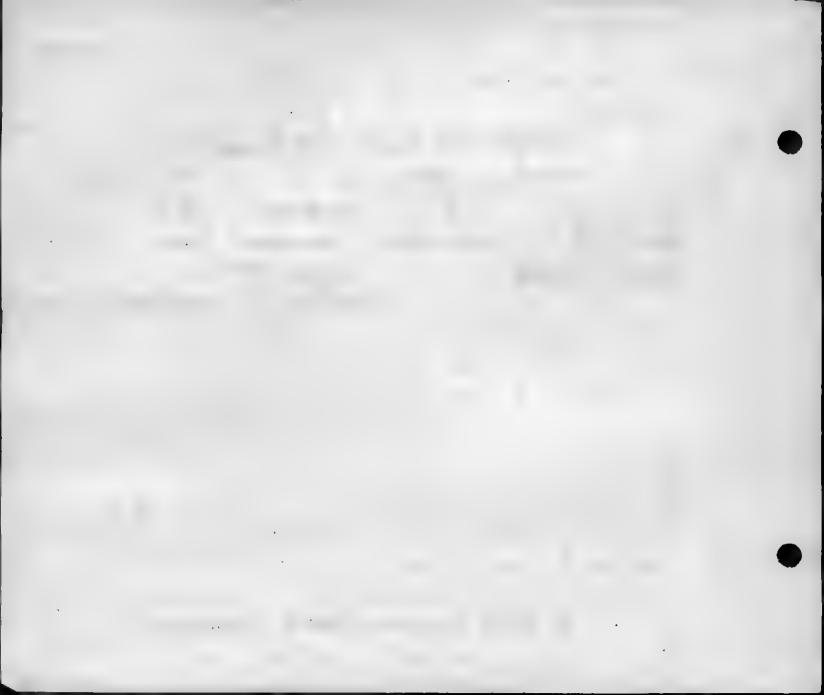
VR A15 (4)

15813 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY Charles c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO Month Day November 18 19 67 F UNDER 1 YEAR 9. AGE in years IF UNDER 24 HRS. last huthday) Months Dovs Haurs 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEAT andutesta uninamy Fishing 19 WAS AUTOPSY PERFORMED? NOCES (City or town) . (County) (State) 21. I certify that (1) (this hospital) attended the deceased from Sept. 17 , 19 67, to Nov. 18 , 19 67 that (1) (we) last 67, and that death accurred at 1.05 AM, from couses and on the date stated above 225 DATE SIGNED 7 Prince George's General Hospital 23d LOCAT ON, (City or Town) (County) (Stote) 24 FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5320 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY b. COUNTY RINCE MARYLAND 멀 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write, RURAL and give nearest town) LAUREZ d. NAME OF HOSPITAL OR INSTITUTION (il not în hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z NAME OF Month Day DECEASED OF DEATH (Type or print) 19 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours WIDOWED IN DIVORCED I 10a. USUAL OCCUPATION (Give kind of work теттоме 12. CITIZEN OF WHAT COUNTRY [County & State, or foreign country] during most of working life, even if retired) nding ##
please MOTHER'S MAIDEN NAME HUFF WRENZO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Ŕ ONSET AND DEATH 9 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), slaling the underlying burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION S 5 PERFORMED? NO use Prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [7] <u>≈</u> 5 OR CONTRIBUTING [CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ö at work at work p.m. DIRECTOR 19 E.D. 10. plnous and that death occurred at 300 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED Ydots PHYS. DIRECTOR death. Page 4 M.D. HOSPITAL page with # 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, post be filed v 23a BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) BEMOVAE (Specify) esterak JUNERAL DIRECTOR 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE unge VR A15 (4) 20M 5-63



VR A15ME (5) 6M 1766

9 LO.

23a. BURIAL CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)

INTERVAL BETWEEN ONSET AND DEATH 19 WAS ALTOPSY PERFORMED? NO X (City or fown) (State) Md. Fairmont Hts., P.G. Inquiry X, and in my apinian Undetermined manner 22. DATE SIGNED 11-6-67 Riverdale, Haryland Address (Street, city town, or county) (County) (State) NOVEY PEGETRA 1967 ADDRESS

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12 CIT ZEN OF WHAT

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IF UNDER 1 YEAR

Months

e IS RESIDENCE ON A FARM?

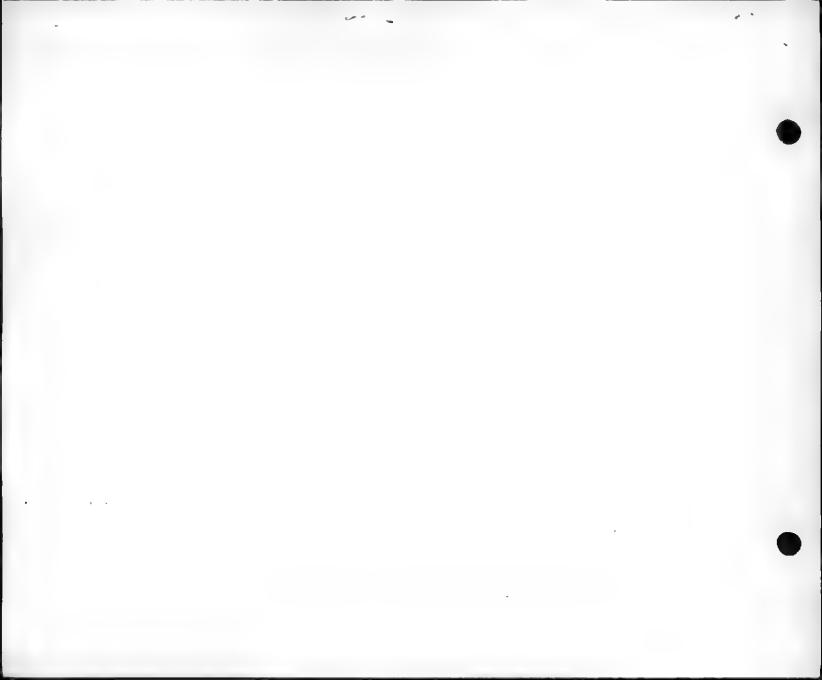
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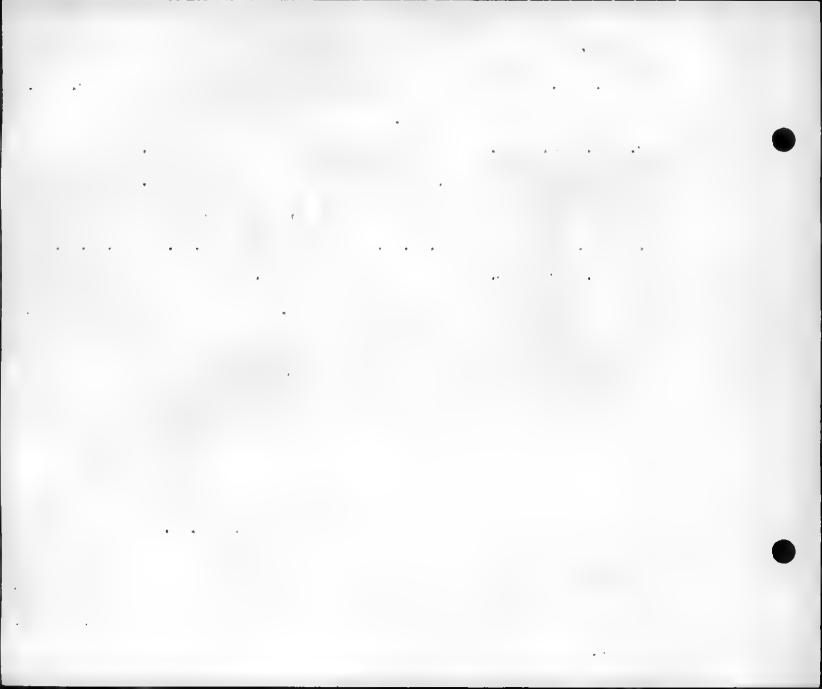


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MAKTLA	ND STATE DEPARTMENT	OF DEALID
IVISION OF VITAL RECORDS	, 301 W. PRESTON STREET,	, BALTIMORE, MARYLAND 2120

CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if institution Residence before admission) o COUNTY Pr. b COUNTY o. Maryland Geo. Pr. Geo. MARYLAND b (ITY OR TOWN (If outside corporate limits, cyrite RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Wks. Brentwood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Pr. Geo. Gem. Hosp. 3717 Shephard Street. YES NO K 3. NAME OF 4. DATE Month First Middle Year DECEASED (Type or pnnt) OF DEATH EDWARD F. FARLEY Nov. 9 67 AGE (In years IF UNDER 1 YEAR 5 SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED birthdoy Doys Hours Male May 2, 1892 White WIDOWED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT Auring most of working life, even if retired) Washington D. C. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Edward F. Farley ST. Ella A. Lott 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 717 07 8512 Wife Ariel Farley Same as # INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (6) DHF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (County) (State) 20d INJURY OCCURRED (City or town) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) at work 2]. I certify that (1) (this haspital) attended the deceased from 26 and 1967, to 892000 196_7, that (1) (we) last 196 7, and that death accurred at 3:20M, Arem Nouses and on the date stated above. saw the deceased alive an 8 area. 220. SIGNATURE 22b. DATE SIGNED 11/9/67 DIRECTOR 22d. ADDRESS 22c, PHYSICIAN'S Prince George Plaza Hyattsville, Md. NAME (Type) 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) BEMOXAT Tabecity) 11/13/67 Cedar Hill Suitland P.G. Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs remave carbon ar remaval, signed by the burial-transit by the hospital ar attending d far use as the of Health priar to detached FUNERAL DIRECTOR: director, page 3 should be filed v 2



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

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by the Pages aurs at		b CITY OR TOWN (If outside corporate .mits, write RURAL and give nearest fown) RIVERGALE	4 days	c CITY OR TOWN (If outs de corporate limits, write RU Lanham,	
S Leer in		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gir		d. STREET ADDRESS	e 15 RESIDENCE ON A FARM?
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etaly arban		DECEASED (Type or print) Betty	S.	lost 4. DATE Mon OF DEATH NOVEM	per 11 1967
acampl mave c	5.	SEX 6. COLOR OR RACE / MARRIED WIDOWED [DATE OF BIRTH 5-24- 1904 9 AGE (In years last birthdoy) 03 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Man
cian all	duri	ring most of working life even if retired) IND HOUSEWITE	D OF BUSINESS OR USTRY	13 BIRTHPLACE (County & Stote, or foreign country) Va.	12 CITIZEN OF WHAT COUNTRY?
hysi n pl val,	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0 - 1
d e di	he	Smith, Unknown Was Deceased eyer in u.s. armed Forces? 16 so	OCIAL SECURITY NO. 17. II	WAXNAMANI Elizabeth	
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ng physician. en signed by the attending physician and campletally filled on by the bur al-transit permit. Then please remave carbon papers, Pa to burial, cremation, ar remaval, and in any event, within 12 haurs		(If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per une for (PART DEATH WAS CAUSED BY:	CARCIA	NOMA OF ESOPHA	GUS 6 MOS
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be refaine DIRECTOR: 3e 3 shaul led with th		220. SIGNATURE	useen M.D		22b DATE SIGNED
			CANN	22d ADDRESS RIVERDA	
Page 4 may TO FUNERAL director, po should be fi	230	BUT 14 Specify) 236 DATE THEREOF 11-15-67	23c NAME OF CEMETERY OR C		
VR A15 (4) 25M 1/67	24 L	4. FUNERAL DIRECTOR Lee Funeral Home Was	ADDRESS Shington, D.	C DATE	GISTRAPT SIGNATURE YMAGE



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CERTIFICATE OF DEATH

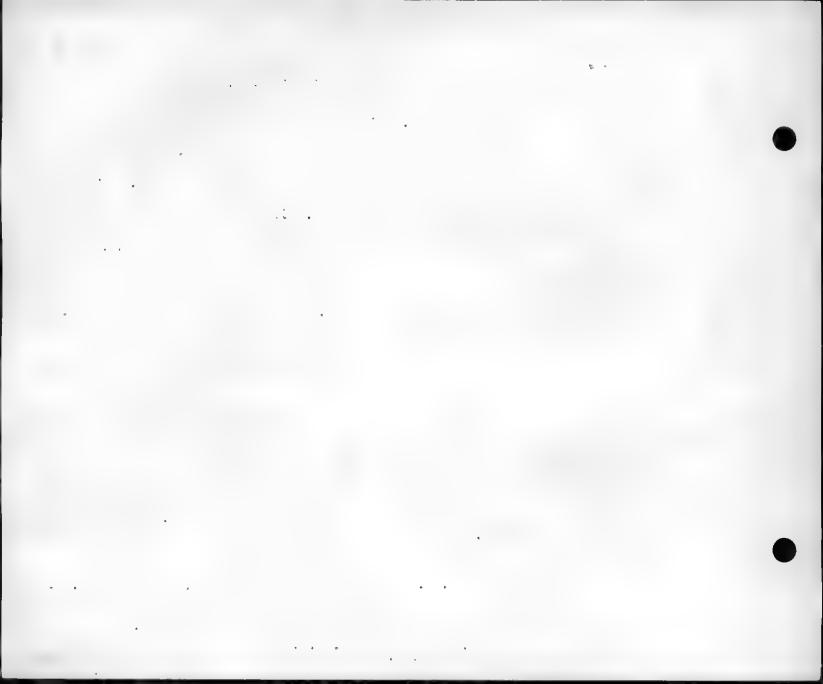
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1	PLACE OF DEATH a. COUNTY					2 USUAL RESIDENCE	(Where de	ceased lived, if ins	stitution: Reside	ance before	admissio	m) /	
	Prince G	enroes		MARY	LAND	District	of Co	olumbia ^r	COUNTY	n/a		٧	
	b CITY OR TOWN (l'autside carparate limit	15,	c. LENGTH OF STAY II	N 1b	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
	Cheverly	d give nearest town)		2hrs.55m	ins	Washingto	4						
	d NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g			d STREET ADDRESS				e IS RESIDENCE ON A FARM?			
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3	NAME OF DECEASED	F.	irst	Middle		Last	4. DAT		Month	Day	Yeo		
L	(Type or print)		Ann			eney	DEA		Nov.	29,		67	
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9, AGE (In year last birthda	rs IF UNDE y) Months		IF UNDER Hours	24 HRS. Min.	
	Female	White	MIDOMED 3			Feb. 23, 1	1882	85 _Y					
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	22c. PHYSICIAN'S		**	. 10		22d ADDRESS	_						
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2	30 BURIAL, CREMATIC		EREOF	23c. NAME OF CEME	TERY OR	CREMATORY	23d	LOCATION (City o	er Tawn)	(County)	(5	tate)	
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	24 FUNERAL DIRECTO	IR		ADDRESS		250. RE	C'D BY REG	ISTRAK 2Sh	REGISTRAR'S				
1	osebu daw	ler's Sons	, Inc.	Wash D.C.		DATE D	EC 4	1967	golia	way &	uda	R.	

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Page 4 may be retained by the haspital at attending physician. Pages 1 and filled in the papers directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbay papers, should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 22 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbay

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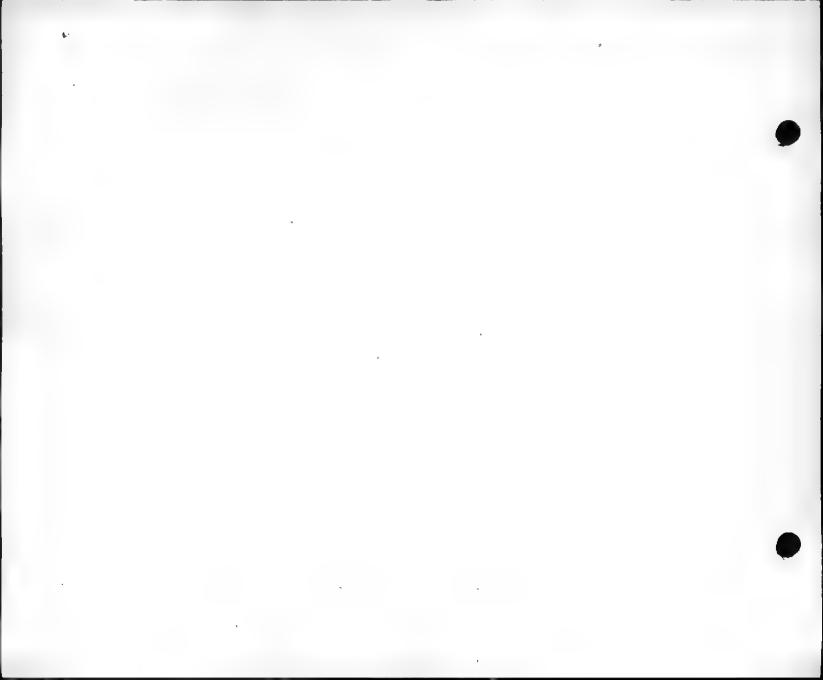


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF YETAL RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	funeral free feet of the feet		PLACE OF DEATH		<u> </u>			RESIDENCE (When	re deceased lived, if in:	ititution Residen	ce befare admissian)
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-	ante ante						ilarea (i. Fink	Wife Sai	ne as #2	
Ť	a tip		18. CAUSE OF DI	EATH (Enter only one co	use per line far	(a), (b), and (c))	-11	****			INTERVAL BETWEEN
1	is is is		PAKI I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	Carolia	- arry	esi			ONSET, AND DEATH
4	宣表表 3		4201		E TO WA	111	2	4			2111.
	physician signed by burial-tra		Conditions, if any	, which gove)	(b)	Motorwood	- M/6)	rel			144W
j	हैं विशेष		rise to immediat		E TO 10 69	. 1	- 10 a	1	1		10
	attending physician has been signed by see os the burial-tra h prior ta burial, cre		stating the unde	rlying cause	" UN	Criosel+ rol	is ale	UTOU	reuse		A Month
- 4	s be as to a		_	ONICIONE CONDITIONS	CONFERENCE T	A BEATH BUT NOT BELATED	TO THE TERMINAL				19 WAS AUTOPSY
ئے	office of the presentation	No.	PARI II UIMER 31	GMIFICANT CONDITIONS	CONTRIBUTING	O DEATH BUT NOT RELATED	IO THE TERMINAL	DISEASE CONDILL	IUN GIVEN IN PAKI I(C)	PERFORMED?
	or at the hor use alth	CERTIFICATION									YES NO -
3	ficate for use like all	ZE IF	20a ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OCCURE	ED. (Enter nature	af injury in Part	I or Part II of item 18	.)	
OUVERCIAM.	aspit certified of. of		(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
3	act S o	R	20c. TIME OF INJU	URY Month, Day, Year	20d IN	JURY OCCURRED 20e	PLACE OF INJURY		20f (City or faw)	n) ((o.	unty) (State)
	te D	MED	Hour ar	m. 19	While at wark	Nat While at wark	factory, street, affi	ce bldg., etc)			
2	Sta fit of	Ιi	21. I certi	fy that (1) (this ha		ed the deceased from	11-3.	- 196	7 . to 11/4/	67 196	7, that (I) (we) la
	the the		saw the de	eceased alive an_	11-3-	19_6 Z, and	that death acc	urred at5:	17AM, fram caus	es and an th	ne date stated abov
5	ECTOR: ECTOR: Should with th		220. SIGNATURE	Hum	1/1/1/1/11	du la	ATTENDIN	4450	CYAFF	22b DA	ATE SIGNED
ė	DIRE DIRE 3 3 9 3 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			Ojuvi	mo	me	M.D. PHYS.	DIRECT PROPERTY OF THE PROPERT	ECTOR PHYS		4-1967
	oy boy by the page of file		22c. PHYSICIAN'S NAME (Type)		WABE	Lo	22d AD	DRESS,	T- PROF.	ALDC.	GARFINADO
IATIOSCH O	Page 4 may be retained by the haspital ar at O FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept. of Health					1/\	11122	ンハウント			(0/ ~ C 10-3/2 17
2	Page O FUN direct shoul	230	 BURIAL, CREMATIC REMOVAL (Specify 	ON, 236 DATE TH		23c NAME OF CEMETERY	OR CREMATORY		23d. LOCATION (City of	r Town)	(County) (Stote)
9	5 5 5 4 H		REMOVAL (Specify Burial		67	Grandview	Cemeter	y	Allentown		Penna.
	_	i	FUNERAL DIRECTO			ADDRESS		2Sa REC'D BY		REGISTRAR'S SI	
	VR A15 (4) 25M 1/67	F.	GASCH'S	& Sons	HYATT	SVILLE, MARY	LAND	DATE NOV	6 1967	gelian	Ela Vertica
		-		W. T. C.				L. A.V.	W. IOOI	17	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15620 5826 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Poge death. Prince George's MARYLAND Marvland Prince George's delay b City OR TOWN (If auts de corparate limits, CLENGTH OF STAY IN 16 c CTY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) P.M3 write RURAL and give negrest town) ofter DOA Edmonston Cheverly S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS for DP-8. Give Pages 1, Prince George's General Hospital 4708 Hamilton Street YES NO X e Stote 72 hou be executed within 24 hours after death NAME OF along with DATE tast Month Year DECEASED within (Type or print) Michae] Fitzgerald DEATH Joseph S SEX 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR FUNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Months Dovs Haurs WIDOWED DIVORCED event Male Aug. 1923 in pencl in Item 1 10a USUAL OCCUPATION (Give kind of work dane IOH KIND OF BUSINESS OR 11 BIRTAPLACE (State ar fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
AUTOMOBILE INSPEC COUNTRY? MARYLAND rd "pending" in pencil in Chief Medical Exominer's poges in ony 13 FATHER'S NAME 14 MOTHER'S MA DEN NAME FITZGERALD YOUNG E WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 4708 Hermill removol, [Yes, na, ar unknawn] [(If yes a ve war ar dates of service) 577-28-7689 Edwardon LIXES INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Massive intra cerebral hemorrhage ŏ This certificate should writing the word DUE TO Hypertensive vascular disease cremotion, unknown Conditions, if any, which gave rise ta immediate cause (a), be forwarded to **DUE** TO stating the underlying couse 0 lost. buriol, (19 WAS AUTOPSY PERFORMED? PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION YES TO NO pe its designated agent, prior to 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18.) 3 should PRIMARY I or CONTRIBUTING I should **EXAMINER:** CAUSE OF DEATH 20c TrME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Hame, farm, (City or fown) (County) (State) Hour a.m. factory, street, affice bldg, etc.) may be retained for your FUNERAL DIRECTOR: Page at work 21. I certify that I took charge of the remains described above, held on Autopsy XI. Inspection x, Inquiry [30], end in my opinion the funeral director. deoth resulted from: Notural couses X Accide Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 5 may be TO FUNERAL Heolth or i DEPUTY MEDICAL EXAMINER [3] Riverdale, Md. **EXAMINER'S** okn Kehoe, NAME (Type) Address (Street, city, town, or county) 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 196 GATE OF 250 REC D BY REGISTRAR REGISTRAR S SIGNATURE 2Sb ABERS GO, KIVERDA VR A15ME 6M 1/66



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CERTIFICATE OF DEATH

15821

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deat	1.	PLACE OF DEATH				I	2 USUAL RESIDENCE (Where dece	ased lived, if	institution Re	sidence befor	e admissian)
		Prince Ge	orges		MARYLAI	un.	Mary land		D	b COUNTY rince	Coomeo	
offer of the		b. CITY OR TOWN (I	foutside carparate limit	ς	C LENGTH OF STAY IN 1		c. CITY OR TOWN (If at	itside camoi				
requires that the death certificate be executed within 24-hours after a physician. signed by the attending physicion and completely filled in by the further burnol-transit permit. Then please remove carbon papers Pages 1 burnol, cremation, or removal, and in any event, within 72 hours ofter the point of the property		Chever Iv	give nearest tawn)	-,	16+ days	_	Hyattsvill		10(0 111/11)3, 11	THE ROLLE OIL	a give reaces	1447-1)
Por Por			AL OR INSTITUTION (If no	at in basnital a		·	d STREET ADDRESS	e				e IS RESIDENCE
filled in 124 hour papers	ŀ.,					.			٥.			ON A FARM?
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icate b sicion pleose I, ond i		Housewi			Own Home		England				U.S.	Α
physicion en please ovol, and i	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
ne death certific attending phys permit. Then ion, or removal,		Matthew					Mary C	ath				
£ .5.2	15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates of	16. S	OCIAL SECURITY NO	17. IN	IFORMANT			Address		
dear thenc rmit r, or		no	(ii yes give wai ai aaies i	21	8 09 1102	Ma	rv A. Mur	rav	Same	as #2	(daus	hter)
that the dan. by the afterransit perr		18. CAUSE OF DE	ATH (Enter anly one cas	se per line far	(a) (b) and (c))						INT	RVAL BETWEEN
that than the an. by the ransit		PART I. DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	(0) Ye	uloniles						ON	SET AND DEATH
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equires the physician signed by burnof-trail burnof, cre		Conditions, if any,		(b) /21	italle	V .	voivil		*	No.		
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ding ding the		iost)	(c)	ol cumu	M	. 4. /WC	WY	eg W	cock		
tendin ss bee as th prior t	_	PART II OTHER SIG	SNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	D TO TI	HE TERMINAL DISEASE CO	NDITION GIV	EN IN PART	₹(a)	19	WAS AUTOPSY PERFORMED?
or of or of or of or of horizon horizo	CERTIFICATION											ES NO P
AN: 1 ol or incote for us Health	틢	20a. ACCIDENT WAS		20b. DE	CRIBE HOW INJURY OCCU	RRED. (I	Enter nature of injury in	Part I ar Po	art II of item	18)		
spirit sp		OR CONTRIBUTING I										
hys hos is ce oche bept.	MEDICAL		RY Month, Day, Year	20d IN	HURY OCCURRED 20	e PLAC	E OF INJURY (Hame, farm	n, 20f	(Eity ar to	wn)	(Caunty)	(State)
the Detailed	鋻	Haur 'a m	1.6	While at work	Not While	facta	ry, street, affice bldg , etc.)				
State State			14		led the deceased fro	ım d	april 1	0 52	to Morr	10	1967 th	at (1) form last
R. A.		saw the de	reased alive on	Nov. 1	0 1967 , and	that	death occurred at	2 . 254	M from co	suses and o	on the dot	e stated above
Should the High High High High High High High High		22a SIGNATURE	2 1 4 4	1/	(22	b DATE SIGN	
OR J			Save	Va ac	m den	/ M.D.	ATTENDING FRYS.	MED DIRECTOR	STAF			
y be y be code 3		22c PHYSICIAN'S		1			22d ADDRESS					
RAL Befi		NAME (Type)	Barry Ro	senher	M. D.		6501 Land	over_	Rd. C	heverl	v Ma	ryland
TO HOSPITAL Poge 4 moy it for FUNERAL Director, pog should be file	230	BURIAL, (REMATIO		EREOF	23c NAME OF CEMETER	RY OR C			OCATION (Cit		(County	
E B B S S S S S S S S S S S S S S S S S		REMOVAL (Specify) Burial	11/13	3/67	Ft. Line	oln				Manor	PG	Md.
V R	24	. FUNERAL DIRECTO		4-V-Q-4	ADDRESS	- 40 mg/s	2Sa REC'I	BY REGIST		Sb. REGISTRA		
VR A15 (4) 25M 1/67	F	rancis G	asch's Son	s Hva	ttsville, M	d.	DATE 3)	01/16	1997	wil	when	Verdel
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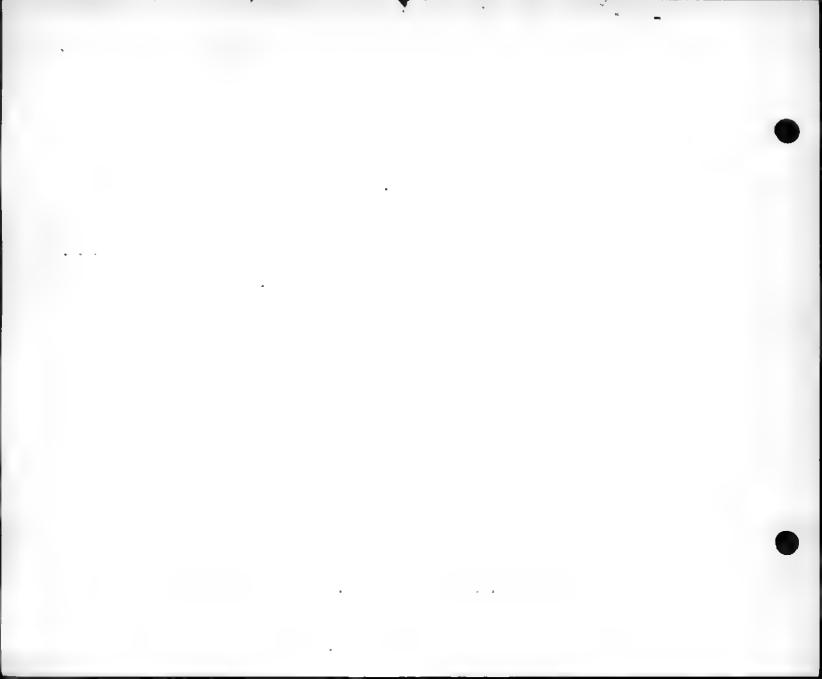
CERTIFICATE OF DEATH

15822

1 Box 2		- UOC	E		CERTITICA	IL OI DEF	4111				
to die	1	PLACE OF DEATH				2 USUAL RES	IDENCE (W	here deceased h			pefore odmission)
5 -		Prince (George's		MARYLAND	Maryl	and		b count	r ce Geo	rges
the formation of the state of t		b. CITY OR TOWN I	If outside corporate limits,		c LENGTH OF STAY IN 16			tside corporate lu			
		Chever I	d give neorest tawn)		8 days	Carmo	dv H	i 11e		-	1 1
星~毛)			TAL OR INSTITUTION (IF not	ın hospitol, g	- 4	d. STREET ADD		LIIO	-		e IS RES DENCE
filled-in-By. popers. P		Prince (George's Gene	eral H	ospi tal	511 7	32nd	Place			ON A FARM? YES NO 🔀
	3	NAME OF	First		Middle	Lost	JZIIU	4 DATE	Month		Doy Year
rbo t, w		DECEASED (Type or print)	E1 da	ridge_	R.	Fleshman		OF DEATH	Novemb	ber 11	1967
mple e cc	5			7. MARRIED	NEVER MARRIED	B. DATE OF BIRT		9. AG	E (In years	IF JNDER I YE	AR IF UNDER 24 HRS.
nov ny e		Male	White	WIDOWED	DIVORCED	6-16-2	2		t birthdoy)	Months Do	Dys Hours Min
cian ond compleit eose remove cark ondin any event,		US JAL OCCUPATION	N (Give kind of work done	10b KII	ND OF BUSINESS OR			Stote, or foreign	country)		N OF WHAT
ian ose ond	duri	TAR RES	Infe, even if retired)	Bi	OUSTRY CONTROLLED IN GO	Wes	7	WiRA	INIA.	U	184? 5. A.
al, a	13.	FATHER 5 NAME				14. MOTHER'S			0		
the attending physician ond completely f sit permit. Then please remove carbon notian, or removal, ond in any event, wit		WILL	ie FLe	SHM	AN	101	- 4	M.	Kowi	- 5	
E (1)	15.	WAS DECEASED EVI				7. INFORMANT		4	34 Address	644	AVE.
then then to 'u	(16	NO	Mu les dise and or dores or s	23	S-26-2609	ERENG FA	LESH	MAN.	RIVER	DALE	MA.
physician. signed by the attendi burial-tronsit permit. burial, cremotian, or re		I IR CAUSE OF D	EATH (Enter only one couse	per line for	(o), (b), ond (c))						INTERVAL BETWEEN ONSET AND DEATH
		PAKT I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	H	epatic Coma						UNSET AND DEATH
physician. signed by burial-tron burial, cren		5810	DUE TO		d 44 m 4						
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000		stoting the unde	orlying couse			1					
ending s been as the prior to		est.	CONTRACT CONDITIONS CON		irrhosis of			DITION COURSE IN	DADT 1/ 1		19 WAS AUTOPSY
무용일	CATION	PART II, UTHER S	IGNIFICANT CONDITIONS CON	II K'BUTING T	O DEATH BUT NOT RELATED T	O THE TERMINAL D	SEASE CON	DITION GIVEN IN	PAKI (0)		PERFORMED? YES XX NO
# # P # P	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of	injury in P	art I or Port II o	fitem IB)		
	MEDICAL	20c TIME OF INJ	JRY Month, Doy, Year	20d IN		PLACE OF INJURY (H		, 20f (Ci	y or fown)	(County	(Stote)
	MEE	Hour o.:	1.0	While at work		factory, street, office	bidg, etc)				
		21. I certi	ify that 似 (this hospi	tol) ottend	ed the deceased fram	Nov. 3	19	9.6.7 , to	Nov. 1	L. 1967	, that 🛞 (we) last
the the		sow the d	eceased alive on No	v. 11	19_67_ ond t	hat deoth occu	rred of:	2.:05pM, fr	om causes a	nd on the	date stated above.
retoir RECTO 3 sho with		220 SIGNATURE	0/			ATTENDING		MED.	STAFF -	22b. DATE	
y be L DIRI age 3 filed y			1.4		drea)	M.D PHYS	اليا	DIRECTOR	STAFF PHYS. 2020	//-	13-67
Page 4 may be retoined O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22c PHYSICIAN S NAME (Type		ngoria	a, M. D.	Prince		rges Ge	neral H	lospita	al
Page 4	230	BURIAL, CREMATI	ON, 23b DATE THER	OF	23c NAME OF CEMETERY	OR CREMATORY	1	23d LOCATIO	ON (City or Town	n)((Co	unty) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Spec.)		-67	Trinit Y	namore		Wa		Char	las mod.
VR A15 (4)	. /	. FUNERAL DIRECTO	OR O		ADDRESS ADDRESS	/		BY REGISTRAR		ISTRAR S SIGN	_
25M 1/67	<i>Y</i>	enil To	ment He	me l	varang 1	Way!	DATELON	17 19	<u> </u>	lunda	· Judge

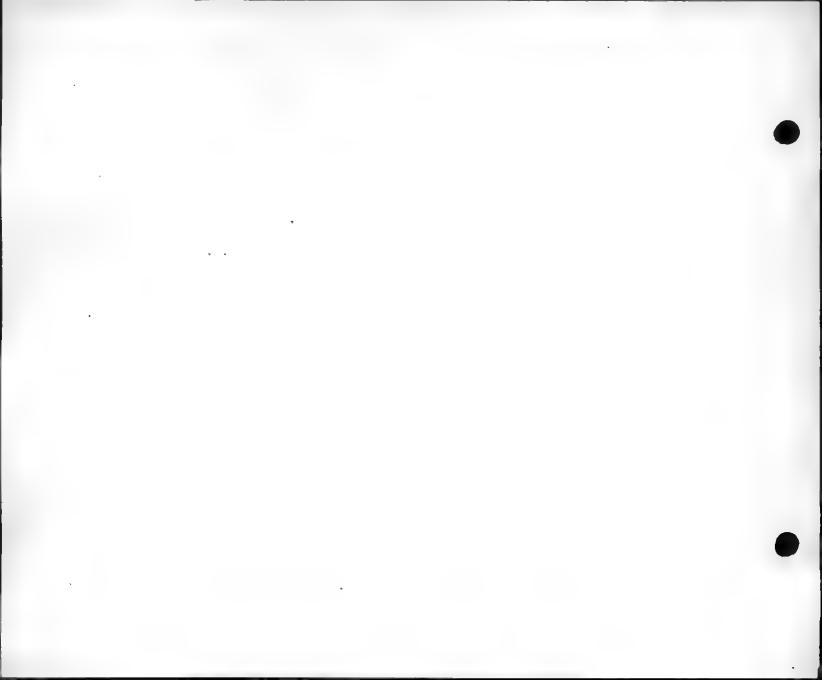
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15824 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY 2, and 3 to PM3. Page Prince George's MARYLAND Prince George's b CITY OR TOWN (If autside carparate | mits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CTY OR TOWN (If outside carparate in its write RLRA), and give nearest town) DOA Branchville Cheverly e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS form 8. Give Pages 1, Pours YES NO 5c Prince George's General Hospital 4709 Greenbelt Road This certificate should be executed within 24 hours ofter death Office olong with 3 NAME OF Middle 4 DATE Month DECEASED the within (Type or print) DEATH Alexandra Forsythe 5 SEX 8 DATE OF BIRTH 9 AGE (n years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARR ED NEVER MARRIED last birthday) Days WIDOWED DIVORCED event 26 Oct. 1967 Female. White 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? any word "pending" in pentil in the Chief Medicol Examiner's Washington D.C.
14 MOTHER'S MAIDEN NAME USA 13. FATHER'S NAME .⊑ Elexis Forsythe and Claude Taylor 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address. (Yes, no. or unknown) (If yes give war or dates of service) removal, Prince George's Co. Welfare Board no 18 CAUSE OF DEATH (Enter only one couse per ne for (a), (b), and (c))
PART I DEATH WAS CAUSED BY NTERVAL BETWEEN ONSET AND DEATH Б IMMEDIATE CAUSE (o) cremotion, DUE TO Conditions, if any, which gave (b) SDII rse to immed ate cause (a), **DUE TO** stating the underlying cause PART & OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? YES 🗺 NO agent, prior to 20a EXTERNA, CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.) 3 should PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH. 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Hour om Nat While factory, street, office bldg, etc.) FUNERAL DIRECTOR: Poge at wark its designoted 2). I certify that I tack charge of the remains described above, held an Autapsy 🗟 Inspection XI. Inquiry & and in my apinian the funeral director. Natural causes , Accident , death resulted from: Suicide . Hom/cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER & **EXAMINER'S** Riverdale, Md. 11-14-67 John Kehoe, May Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY (State) 23g BUR AL CREMATION 123b DATE THEREOF 23d LOCATION (City or Town) < (County) 2 REMOVAL (Specify) AUNERAL DIRECTOR ADDRESS X 5ME (5)

6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

237

		CERTIFICATE	OF DEATH	15825
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution	on: Residence befare admission)
	(1. COUNTY PRIAME GEORGES MARYLAND	o. STATE b. COUNT	N PC
		D. CITY OR TOWN (If outside carporate .mits, C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RUR)	All and give negrest town
		write RURAL and give nearest town)		at and give nodest lawry
		-////	d. STREET ADDRESS	e IS RESIDENCE
,	,	1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)		ON_A_FARM?
- 1		MAGNOLIA GARDENS NURS. HONE	4627 CASTERN H	UE . YES NO LE
		NAME OF First Middle	Lost 4 DATE Manth	Day Year
		Type or print) NOBERT J.	REEMAN DEATH //C	U. 19 1967
	5. :	THE	3. DATE OF BIRTH 9 AGE (In years lost birthday)	Manths Dovs Hours Min.
		M CAU. WIDOWED DIVORCED .	4ug. 14, 1922 45 15	Marin 5 Boys Hoors Marin.
		USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, or fareign country)	12 CITIZEN OF WHAT
	B	ng most of working life, even if retired) INDUSTRY	N.C.	COUNTRY? U.S.
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Leonard Freeman	Ruth Jones	
	15.		NFORMANT Addres	s
	(Ye	s, na, ar unknawn) (If yes give war ar dates of service) 249—18—4698	Mrs. Vivian C. Freeman	above ad-
		1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)	(Wife) / dress)	T INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	hat has de lesses	ONSET AND DEATH
		1939 IMMEDIATE CAUSE (a)	yavette	Menutes
	Canditions, it any, which gave) DUE TO Quality astrong Musel titor me 2 min			MO 2 mousts
		rise to immediate cause (a),	David your gos	
		stating the underlying cause		
			THE TERMINAL PROPERTY CONDITION OF THE ALL DARY N.	19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			PERFORMED?	
5	CERTIFICATION			YES NO
	RTF	2Do ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Part I or Part II of item 1B)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	MEDICAL		CE OF INJURY (Hame, farm, 20f (City or town) pry, street, office bldg , etc.)	(Caunty) (State)
	¥	Hour a m. 19 While at wark at work to the	pry, street, drike blug , etc.)	. /
		21. I certify that (I) (this haspital) attended the deceased fram_	8007,196210/9/001	, 19 <u>6</u> 2, that (!) (we) fast
		saw the deceased alive an 18 849 19 67 and that	death accurred at TAM, fram causes a	ind an the date stated above.
		220 SIGNATURE	ATTENDING MED. STAFF	226 DATE SIGNED
		Mullellove MI	PHYS DIRECTOR PHYS L	19NOV 67
,		NAME (Type) PAUL A HANDER MAN)	22d ADDRESS / Farmer Town of	- Hactonillo
		11/01/1/ 400/100	3913 178911111111111111111111111111111111111	11900001118
	23a	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR		n) (County) (State)
		REMOVAL CHIEF BUTTEN 11/22/67 Mt. View Bar		crord, N.C.
•	24		TITE O T 16 A A 4010 /	STRAR S SIGNATURE
		Home Inc. Maryland	DATE NOV 2 2 1957	1 0

TO HOWNIAL OR ATTURING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon shauld be filed with the State Dept. at Health prior to burial, crematian, or remaval, and in any event, with Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67



1. PLACE OF DEATH a. COUNTY 7

CITY OR TOWN (If autside carporate limits, write

RURAL and give negrest town

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY_OR TOWN (If outside carporate limits, write RURAL and give nearest town)

b. COUNTY

MARYLAND

c. LENGTH OF STAY IN 16

a. STATE

0

FUNERAL DIRECTOR STATE STATE Board of H 22c PHYS CIAN S NAME (Type) page the Sto

STREET ADDRESS e. IS RESIDENCE NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION YES NO Z Middle 4. DATE NAME OF Yeor Month DECEASED DEATH 19 (Type or print) 9 AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 6. COLOR OR RACE S. SEX MARRIED NEVER MARRIED Manths Days Hours WIDOWED [DIVORCED | 6 yrs. 10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANI INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candilians, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (10) [19. WAS AUTOPSY CATIO PERFORMED? YES INO I 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20f (City or town) (County) (State) Manth. Dov. Year foctory, street, office bldg., etc.) Hour a m. Nat while While at work at work p. m. 21 I certify that (I) (this haspital) attended the deceased from. 72 19___, that (I) (we) last ___, and that death occurred at //A-M, fram the causes and on the date stated above. saw the deceased alive an 19 22o SIGNATURE 22b DATE SIGNED ATTENDING! STAFF M.D. PHYS DIRECTOR PHYS 22d ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City town, of county) BURIAL, CREMATION. (Stote) 256 REGISTRAR S SIGNATURE 24, FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13827

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH				2 USUAL RESIDENCE (Where deceosed ved, if institution Residence before admission)					
	o. COUNTY	George's		MARYLAND	Maryland Prince George's					
ŀ	b CIY OR TOWN (if outside corporate limits,		c LENGTH OF STAY IN 16		outside corporate ! mits,				
-	write RURAL and	give nearest town)		C CERTIFIC OF STATE OF THE		1/				
_	<u>Suitlan</u>				Suitlan					
	d NAME OF HOSPIT	AL OR INSTITUT ON (If not	in hospitol, g	ive street oddress)	d STREET ADDRESS			e IS RESIDENCE ON A FARM?		
		ooks Drive				ooks Drive		YES NO X		
	NAME OF DECEASED	Firs	,t	M:ddfe	Lost	4 DATE OF	Month	Day Year		
L	(Type or print)	Car	1	Alegre	Garcia	DEATH	3.3.	2 1967		
	S SEX	6 COLOR OR RACE	7 MARRIED	X NEVER MARRIED	B DATE OF BIRTH	9 AGE (In				
	male	white	WIDOWED	DIVORCED	11-4-10	lost biri	thdoy) Months	Doys Hours Min		
	Oo USUAL OCCUPATION	(Give kind of work done	10b K !	NO OF BUSINESS OR	11 BIRTHPLACE (Sto	te or foreign country)	12 CIT	IZEN OF WHAT		
(uring most of working	life even if retired)	EFX	DUSTRY TO 11 C	PHILL	PPINES	(0)	UNTRY 2		
-	3 FATHER'S NAME	TNI	0 47	MEGI. V.O	14 MOTHER S MAIDEN	4.4		0,04		
		NOWAL			WNKNO					
ŀ			16.5	SOC AUSELETRITY NO C 17			Address/ /	Inne Ail		
	(Yes, no, or unknown)	R IN U.S. ARMED FORCES? (I yes give war or dotes of	service)	VINOUN M	R. GORDON F	3. PRACHT.	LITLAND.	MD WON		
f		EATH (Enter only one cous	e per fine for	(o), (b), and (c)) -				INTERVAL BETWEEN		
-1	PART I. DEAT	TH WAS CAUSED BY.	a Hear	t Failure				namutes		
-	+300	DUE 1								
	Conditions, if ony,	, which gove)	-	riosclerotic H	Heart Disea	se		unknown		
	nse to immediat									
	stating the under									
1										
- 1	5 PAKE I UTHER SI	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								
48	3							YES NO X		
1 100000	E 200 EXTERNAL CA PRIMARY □ or CO		20b DES	SCR BE HOW INJURY OCCURRED	(Enter noture of in cry #	in Port or Port II of iter	n 1B)			
18	20c. TIME OF INJU	JRY Month, Day, Year			CE OF INJURY (Home, fo		town) (Cou	nty) (Stote)		
1	P. r	16	While of work		tary, street, office bldg , et	(6.)				
	21. I certif	y that I taak charge	of the rem	nains described abave, he	eld an Autapsy	, Inspection X,	Inquiry X,	and in my apıntan		
	death result	ted fram Nature	causes 🔀	Acydent [], Su'o	ade 🔲, Hamicid	de 🔲 Undeterm	ned manner			
		0//	10	//	CHIEF MEDICA	AL EXAMINER				
	ACTUAL SIGNATURE	Ula	/Tex	tre	M D ASS STANT M	EDICAL EXAMINER		22. DATE SIGNED		
	EXAMINER'S	1000	11	/		CAL EXAMINER		11-3-67		
		Mn Kehoe M.	D., Ri	verdale, Mary	land Address (Stre	eet, cty, town, or county)			
	30 BUR AL, CREMAT C	236 DATE THE		23c NAME OF CEMETERY OR		23d LOCATION (C		(County) (Stote)		
,	BURNOVAL (Specify	. Wov 8	1967	BALTIMORE	NATIONA	LI BALTI	MORE.	NDA		
1	24 FUNERAL DIRECTO	YAMBERS.	130 1	RIVERDALE,	2So RE	CD BY REGISTRAR	256 REGISTRAR'S S	GNATURE		
1	W.W.O.	MANAME 119	60 1	WERDALE,	DATE	OV 7 1967	youand	as Judge		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending"

FOR SE

PM3. Roge

in pencil in tem 18. Give Pages 1, 2, and 3 to

DEP

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form,

VR A15ME (5) 6M 1/67



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1

1		٠	1	5	9	6
Y.)	T.	PLACE n. CO.			DEAT	Н

deloy is ond 3 to JM3. Poge

This certificate should be executed within 24 hours ofter death

CAL EXAMINER:

TO DEPUTY ME

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date Depoy

the St

with

ges lond 2

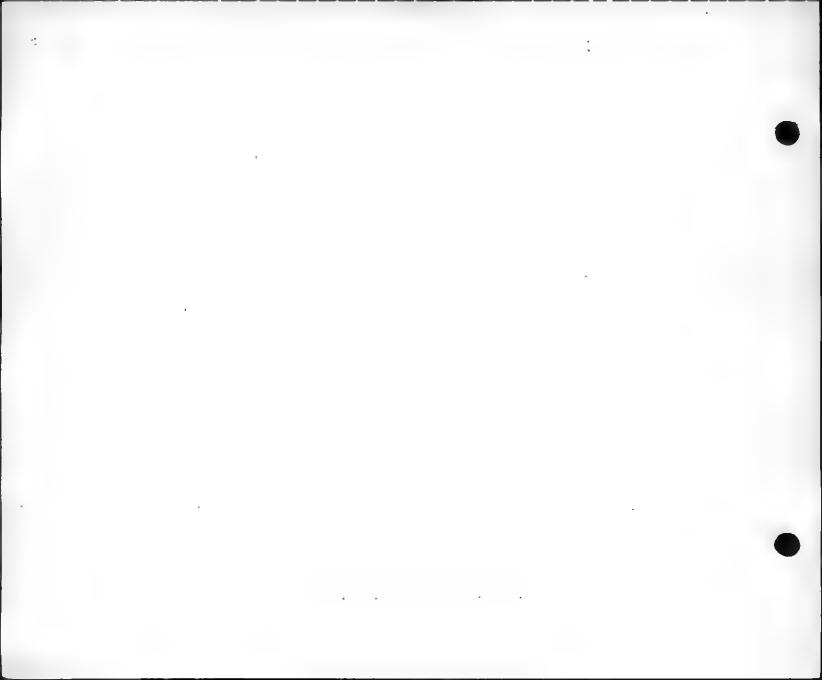
ony event within 72

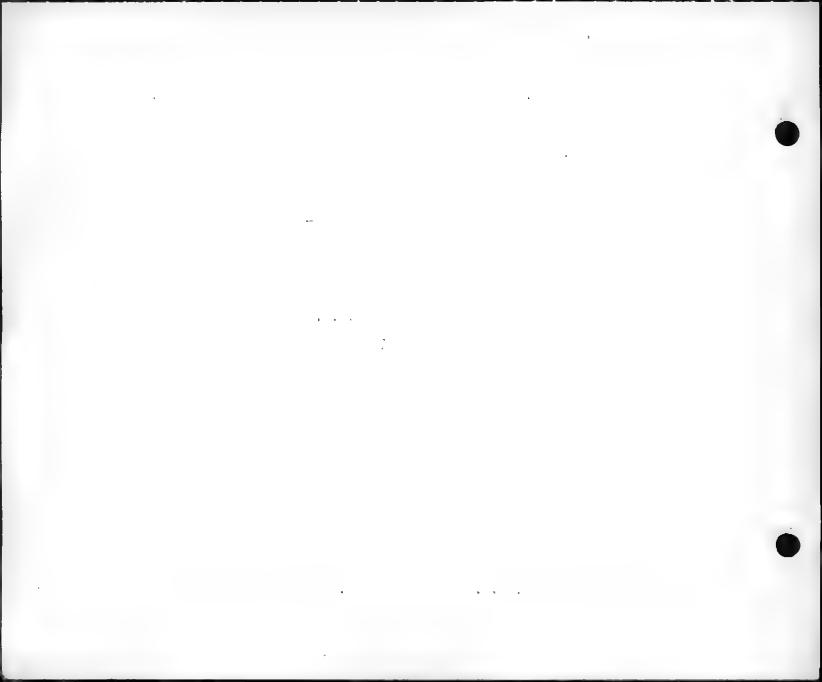
necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with fet the funeral director. Page

e pod	Erwin P	Genthner		Dorothy L. Smi			
permit. File moval, and	S WAS DECEASED EVER IN U.S. ARN res, no, or unknown) (If yes g.ve v NO			17 INFORMANT Erwin P Gunthner Kentl			
moy be retained for your mes. FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. eolth or its designated agent, prior to burial, cremation, or removal,	PART I. DEATH WAS CAU IMME! Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost PART H. OTHER SIGNIFICANT CO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING ICAUSE OF DEATH 201 TIME OF INJURY Month Hour am. 1:50 Daym. 1:- 21. I certify that I to death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Key	DUE TO Hanging (b) DUE TO (c) DIDITIONS CONTRIBUTING TO DEATH B 20b DESCRIBE HOW Hung se 20d NJURY OCC. While Not' 10-19 67 otwork of otwork of the remains described by the remains descri	UT NOT RELATED TO THE TERMINA VINJURY OCCURRED (Enter notuce) TREED 20e P.ACE OF INJURY While Cell Printeringed above, held an Autocht Suicide X, M.D. A.	belt in jail y (Hame, form, lof item belt in jail y (Hame, form, lof (City or to fice bldg, etc.) ace George Co. Ja opsy , Inspection , Undetermin HIEF MEDICAL EXAMINER . SSISTANT MED CAL EXAMINER . ddress (Street, city, town, or county)			
~ 2 ₹			ngton National	23d LOCATION (Ch			
A15ME (5) M 1/66	4 FUNERAL DIRECTOR F. Gasch	s Sons Hyattsv	ille, Md.	DATE NOV 1 7 196			

15928 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY Prince George's Prince George's MARYLAND Maryland b (ITY OR TOWN (If outside corporate limits. c CITY OR TOWN (If autside corparate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b write RURAL and give nearest fown) DOA Kentland Cheverly d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS 2830 75th. Place YES NO IX Prince George's General Hospital 3 NAME OF M+ddle Lost 4 DATE Month Doy DECEASED OF Kenneth Genthner 19 67 (Type or print) Lee DEATH S SEX 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE Tx1 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy)
18 yrs. Months Dovs Hours WIDOWED DIVORCED 6-10-1949 White Male 10a, USUAL OCCUPATION (Give kind of work dane during most at working use, even if retired) Ob KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT INDUSTRY COUNTRY Washington D C 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME th Address and. Md. INTERVAL BETWEEN ONSET AND DEATH 19 WAS AUTOPSY PERFORMED? YES 😿 NO 18) wn). (County) (Stote) il. Upper Marlboro. Inquiry S and in my opin an ed manner 22. DATE SIGNED 11-13-67 or Tawn) (County) (Stote) Virginia on Sb REGISTRAR'S SIGNATUR Atlinea Ju

VR A



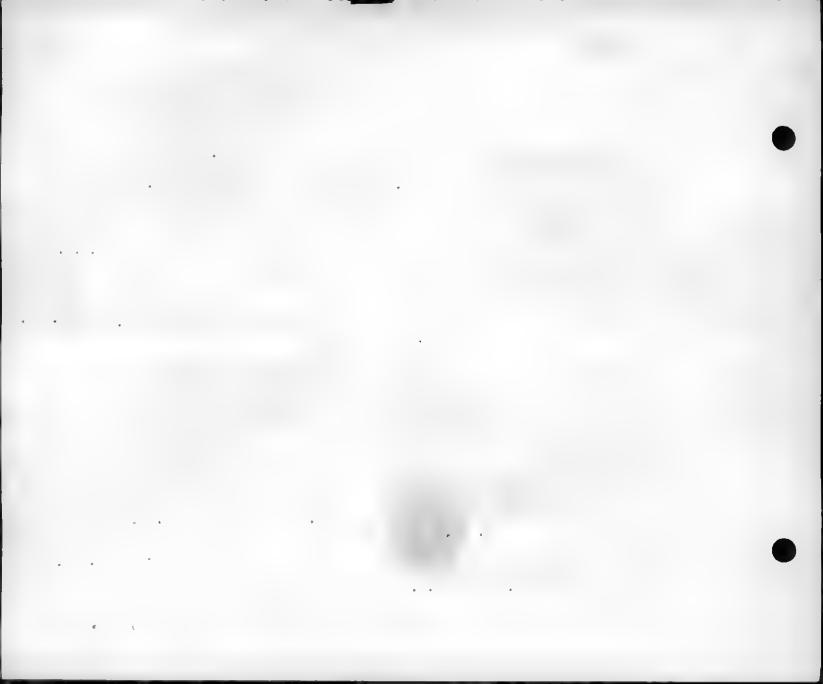


	2002			CEDTIFICAT	C OF DEATH		- T	B 829		
	5838			CERTIFICAT	E OF DEATH					
	ACE OF DEATH COUNTY				2 USUAL RESIDENCE (V	Where deceased lived, if institute.		e odmission)		
Pı	cince Geor	ges		MARYLAND	Maryland Prince Ceorges					
	CITY DR TOWN (If outs write RURAL and give			c. LENGTH OF STAY IN 15	c CITY OR TOWN (If ou	tside corporate limits, write RL	RAL and give neares	f town)		
Cl	neverly			1+1/2 days	Laurel			1.1		
d.	NAME OF HOSPITAL DR	INSTITUTION (If not an	hospital, giv	re street oddress)	d. STREET ADDRESS			e IS RESIDENCE		
		ges Genera	1 Hos		409 Lyndon	Ave. Oak cr		DN A FARM? YES NO		
	ME OF CEASED	First		Middle	Lost	4 DATE Mor		Year		
	pe or print)	Les	ter	E.	Gibson	DEATH NOV.	27,	1967		
S SEX	6.0	OLOR OR RACE 7	MARRIED [NEVER MARRIED	8 DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS		
			/IDOWED 3	DIVORCED	3/30/18	iest birthdoy) 49 yrs.	Months Doys	Hours Min.		
	SUAL OCCUPATION (Give			O OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF			
gurang	most of working life, ex Laborer		INDU	JSTRY	Maryland		COUNTRY?	Δ		
13 F/	ATHER'S NAME				14. MOTHER'S MAIDEN I		1			
	Ernest	Gibson			Lavenia	Mack				
1s W	AS DECEASED EVER IN U	.S ARMED FORCES? give wor or dates of ser	16. SO	CIAL SECURITY NO. 17.	INFORMANT	Addi	ress			
(Yes, r	o, or unknown) (If yes	give war or dates of ser	vice)		***					
	P CANCE OF DEATH	Enter only one couse po	er line for (r	1 /b) and /d)	Viola Gibson	-118-Cissell-	Ave - Jaur	ERVAL BETWEEN		
'	PART 1, DEATH WA	S CAUSED BY:	Carbon	rachnoid Hemo	rrham			SET AND DEATH		
	, , , , ,	IMMEDIATE CAUSE (a) _	Jubai	Lacintord Helix	Truage					
	and since if you while	DUE TO		1 %						
	onditions, if ony, whic se to immediate cou	(a) (a)	Kupti	ured Berry an	eurysm, Circ	le of Willis				
	oting the underlying									
100	st.	(c) _	Brone	chopneumonia,	bilateral					
2 P	ART II. OTHER SIGNIFIC	ANT CONDITIONS CONTR	IBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(o)	19.	WAS AUTOPSY PERFORMED?		
8								ES KX NO		
MEDICAL CERTIFICATION	Do. ACCIDENT WAS LINDE	RLYING 🗆	20b. DESC	RIBE HOW INJURY OCCURRED	. (Enter noture of mury in	Port 1 or Port II of item 18.1				
	R CONTRIBUTING CA					·				
	FEITHER, NOTIFY MEDIC Oc. Time of Injury A		T 204 INII	URY OCCURRED 20e, PI	ACE DF INJURY (Home, form	, 20f (City or town)	(County)	(Slote)		
' اقِ ا	Hour o.m.				ctory, street, office bldg., etc.)		(county)	(31016)		
Ĭ [≈] L	p.m.	19	ot work							
	21. I certify th	at 🙀 (this haspita	l) attende	ed the deceased fram_	Nov. 26,	9.67 , to Nov. 2	7., 19.67, th	iat (🌺 (we) la:		
	saw the deceas	ed alive an No	v. 27,	19 <u>6.7</u> , and th	at death occurred at	3:50 M, from causes	ond on the dot	e stoted obove		
	20 SIGNATURE	1. 1	/	lost.	ATTENDING	MED PM STAFF	22b DATE SIGN	IED		
	6	Much		1 Jorgin	I.D PHYS	DIRECTOR PHYS	Nov. 2	28,1967		
	22c PHYSICIAN S	4.1.		10	22d ADDRESS					
	NAME (Type)	rnold G. B	rody,	M. D.	Prince Ge	eorges General	. Hospital	L		
23o	BUR AL, CREMATION,	23b DATE THEREO	F	23c. NAME OF CEMETERY OF	R CREMATORY	23d LOCATION (City or To	own) (County	(Stote)		
	REMOVAL (Specify)	12-1-67	7	Baltimore	Netional	Baltimor		,		
	TAME TO M	1 10 1 01		Darotmore	THO OTOTIOLS	POL CLAIGT	FORTON D. C. CONSTILL	n.C		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban page shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within A VR A15 (4) 25M 1/67

funeral s 1 and 2

er death



23c NAME OF CEMETERY OR CREMATORY

Nalley's Funeral ADDRESSMt Rainier Maryland

Rockville Cemetery

23d. LOCATION (City or Town)

250. REC'D BY REGISTRAR

DATENT ALT

Rockville,

(County)

25b REGISTRAR S SIGNATURE

(Stote)

signed by the attending physicion and complete burial-transit permit. Then please remove carb burial, cremation, or removal, ond in any event, as been os the priar to b has for use Health p After this director, page 3 should should be filed with the TO FUNERAL DIRECTOR: directo

24 haurs after death

requires that the death certificate be executed

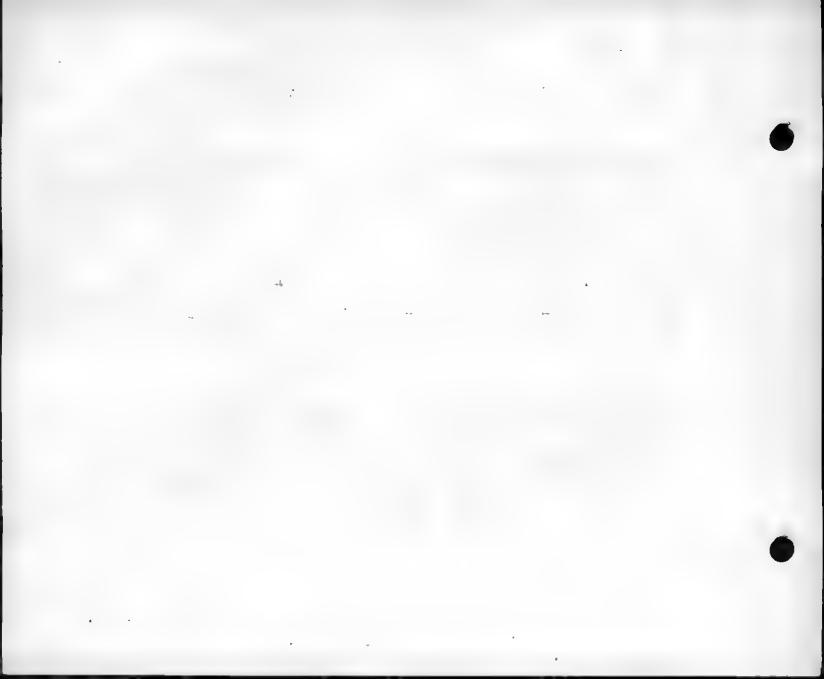
ATTENDING PHYSICIAN:

230 BURIAL, CREMATION

REMOVAL (Spenia) a.]

Home Inc.

23b DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15838				CERTIFIC	ATE	OF DEATH			w.7	5Ω'	2 1
1.	o. COUNTY Prince	Georges			MARYLA	-	2. USUAL RESIDENCE 0. SIAJE Marylar	nd	b. co	UNTY Aru	ındel	
L	write RURAL and Riverd	If outside corporate limit I give neorest town) ale			IGTH OF STAY IN 1	b	Jessup	utside corpo	prote limits, write l	RURAL ond giv		town)
		Leland Mei					Holiday M	obile	Estates	B-1	- 1	ON A FARM?
3.	NAME OF DECEASED	F	irst		Middle		Lost	4. DATE		onth	Doy	Year 19 67
5.	(Type or print) SEX	6 COLOR OR RACE	Zel 7. MARR WIDOV		B. NEVER MARRIED (GLisan DATE OF BIRTH L-11-98	DEAT	9 AGE (In years opt birthdoy)	I IF JNDER	15. 1 YEAR Doys	19 67 IF UNDER 24 HRS. Hours Min.
10: du	Female o USUAL OCCUPATION ring most of working.	White (G ve kind of work done life, even if refired) Housewife		D. KIND OF INDUSTRY	BUSINESS OR	<u> </u>	11. BIRTHPLACE (Count	y & State, ar	Al2	12. CI	TIZEN OF JUNTRY?	WHAT U.S.A.
		orge Willia					14. MOTHER'S MAIDEN Enlow, E					
(Y	es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes g ve war or dates		16. SOCIAL 62-111	-6945		vformant aughters/Me	dical		dress		
		EATH (Enter only one co TH WAS CAUSED BY. IMMEDIATE CAUSE	1	1 1- 1 1	, and (c).) PCAPIL	LA.	RY GLOME	984	40 SCLE	720515		RVAL BETWEEN ET AND DEATH
ı	Conditions, if any, which gove rise to immediate cause (a), DUE TO DUE TO DUE TO DUE TO DUE TO									3	BDYR.	
ı	stating the unde	rlying cause	(c)									
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUT	ING TO DEAT	H BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	INDITION GI	VEN IN PART I(o)		19. YE	WAS AUTOPSY PERFORMED? S NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20	5. DESCRIBE	HOW INJURY OCCU	RRED (Enter noture of injury in	Port 1 or P	Port II of item IB.)			
MEDICAL	20c. TIME OF INJU Hour a r p.r	10	l v		Not While at work	e PLAC focto	E OF INJURY (Home, for ory, street, office bldg., etc	.)	, , , ,	`	unty)	(Stote)
	saw the d	fy that (I) (this ho eceased alive on)	spitol) o	ttended th	e deceased fro , an	am_ d that	death occurred a	19,	to M, from couse	es ond on t	he dote	
l	22c PHYSICIAN'S	ton	Sto	M		M.D	ATTENDING PHYS.	MED DIRECTOR	STAFF PHYS	0/3	NO	167
L	NAME (Type	J. R. C					612 Mai		eet, Lau			
23	BENEVAL SPECIFY	Nov.	18,1	1967	NAME OF CEMETER Lafatte	M	em. Park		LOCATION (City or Briar H	111,		
2	FUNERAL DIRECTO	Ewill:	elm	-	uitland	*	Md - 250. REC	OV 2	0 1967	REGISTRAR'S S		Jacobson.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. "Logosal, should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours, after VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw majorins that the death certificate be executed within 21 hours after death.

Pag■ 4 may be retain■d by the hospital □r attendin■ physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15839

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Poge 4 moy be retoined by the hospital or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completed titled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon trapers.) Pog should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 frours

	, 0		CEKTIFICA	IE UF DEATH		15832		
o. COUNTY	ATH Prince Geo	rges	MARYLAND	2 USUAL RESIDENCE (* a. STATE	Where deceased lived, if institution b. COU	t on, Residence before admission)		
	WN (If outside corporate limit and are rearest town		6mos.,2wks.	,	its de corparate limits, write RU	RAL and give nearest tawn) ,		
d NAME OF H	OSPITAL OR INSTITUTION (If n	at in haspital, g	give street address)	d STREET ADDRESS		e IS RESIDENCE On a Farm?		
Elenn	Dale Hospita	1		129 Tenn.	Ave., N. E.	YES NO X		
3. NAME OF DECEASED	To	irst me s	Middle	Glover, Jr.	4. DATE Mon	th Day Year 1 19 67		
S. SEX	6 COLOR OR RACE	7. MARRIED	Beparated -	B. DATE OF BIRTH 5/24/1917	9 AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS Manths Doys Hours Min		
Male	Negro	WIDOWED	DIVORCED		50 yrs			
during most of wo	PATION (Give kind of work done prking life, even if retired) Tunemployed	196. KI	IND OF BUSINESS OR IDUSTRY	South Ca	8 State, or foreign country) rolinā	12 CIT ZEN OF WHAT COUNTRY? USA		
13 FATHER 5 NA	ME			14 MOTHER'S MAIDEN	NAME			
James	Glover, Sr.			Rachael M.	Smith			
15 WAS DECEASE (Yes, no, or unknown	ED EVER IN U.S. ARMED FORCES? own) (If yes give war ar dates	of service) 16	SOCIAL SECURITY NO. 1	7. INFORMANT Decedent	Addr	e ss		
rise to Imm stating the last. PART IL OTH PULL MC	if any, which gave ediate cause (a), underlying couse Duffer Significant Conditions in the course of Death	(b) (c) (c) (ONTRIBUTING (DELS)	etastases TO DEATH BUT NOT RELATED CLASSES MEL	inoma of right O. THE TERMINAL DISEASE (OF LITUS; Theuma ED (Enter noture of Inpury in	voit.on.g ven in part !(g). toid arthriti:	6 QNST AND DEATH 19 WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO		
2Dx TIME O	OTIFY MEDICAL EXAMINER) IF INJURY Manth, Day, Year or a.m. p.m. 19	29d li While at war	Nat While	PLACE OF INJURY (Hame, forn factory, street, affice bldg., etc		(County) (State)		
	certify that (考 (this has	spital) attend 11/	ded the deceased fram 1/19 <mark>67</mark> , and t	4/17/ hat death occurred of	9 67 ta 11 9:45 AM, fram couses	11/19 67, that (t) (we) los and on the date stated above		
22 o. SIGNA	TURE	of 6	vein	M D PHYS	MED STAFF DIRECTOR PHYS	22b DATE SIGNED 11/1/67		
22c. PHYSIC NAME	(Type) Moe We	isa, M	. D.	22d ADDRESS G.	lenn Dale Hosp enn Dale, Mar	ital yland		
230 BUR ALC REMOVAL (S	pectry) 23b DATE TH	IEREOF	230 NAME OF CEMETERY HARMONY		23d LOCATION (CTY or TO 760/SHARIF	and the first term of the firs		
24. FUNERAL DI	RECTOR - D	H.	ADDRESS ADDRESS	Un C 250. RES	DV 6 1967	EGISTRAR'S SIGNATURE		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15840 CERTIFICATE OF DEATH

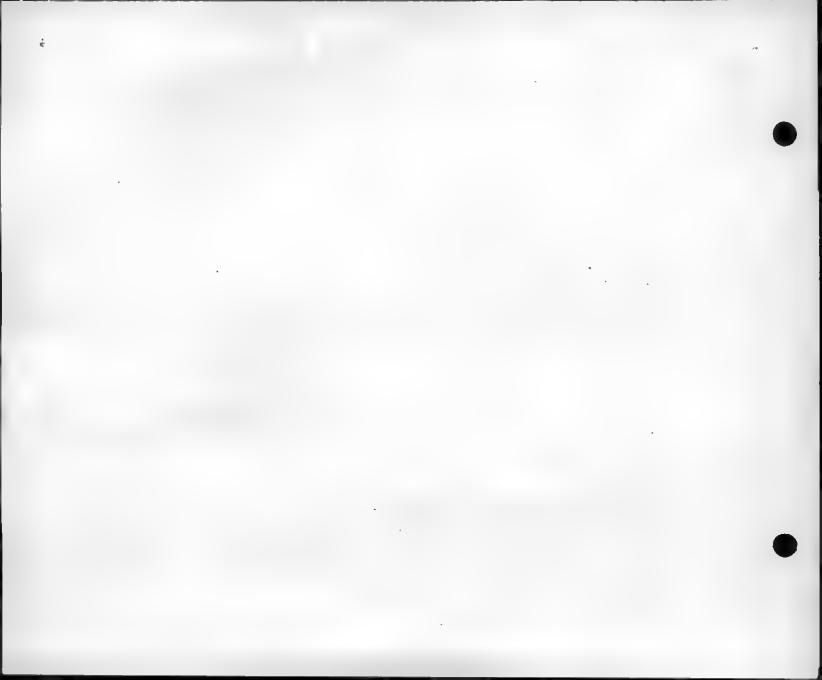
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence	te before odmission)
	o. COUNTY Prince Ges. MARYLAND	O. STATE WAShing tow D.C.	
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
	torestuille ind.	WASHINGTON DC	,
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d STREET ADDRESS	e. IS RESIDENCE ON A FARM?
L	Regent Rehabilitation Center		· YES NO
	NAME OF First Middle	Lost 4 DATE Month	Doy Year
	(Type or print) Kobert N. Gold	15/n/th DEATH 1/- 18	1967
5.		(ost pirthday) Months	Doys Hours Min
100	MA /e CAU. WIDOWED DIVORCED USUAL OCCUPATION (G. ve kind of work done 10b. KIND OF BUSINESS OR	77 - 8 - 1893 74 yrs. 11 BIRTHPLACE (Country & State, or foreign country) 12 CT	IZEN OF WHAT
	ing most of working life, eyen if retired) INDUSTRY	COL	UNTRY?
13	FATHER'S NAME	14. MOTHERS MAIDEN NAME	15.A.
13	Townly Goldsmith.	Elizabeth Welch	
15.	77 - 77	NFORMANT Address	
(Ye	rs, no, or unknown) "(If yes give wor or dotes of service)	a B. Holikaith - SAME A	5 7 2
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)		ONSC! AND DEATH
		EMORRHAGE	
	Conditions, if any, which gove trise to immediate couse (a),		
	stoting the underlying couse DUE 10 1110000000000000000000000000000000	NIA,	
	lost. (c)		
N	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T		19 WAS AUTOPSY PERFORMED?
CATE	PANCYTOPENIA, CELEBRONASCULAR OF	SUFFICIENCY CHRONIC	YES NO
CERTIFICATION	206 DESCRIBE HOW INJURY OCCURRED. { OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter noture of injury in Port I or Port II of Item 18.)	
MEDICAL			unty) (Stote)
WE	Hour o.m While Not While of work of work	pry, street, office bldg , etc)	
1	21. I certify that (I) (this hospital) attended the deceased from	10 - 18 - , 1967, to 16 - , 196	7 that (i) (we) last
1	sow the deceased alive on 11 · 17 · 19 67, and that		
	220. SIGNATURE OLIVEN, & Bond M.D.	D. ATTENDING MED. STAFF DIRECTOR PHYS DI	ATE SIGNED - 19 - 67
	22. PHYSICIAN'S NAME (Type) OLIVER B. BOND. M.		2801 2040
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY 23d LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify) 11-21-1967 Cedar Hill Co		, ,, ,
24		250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE
S	Address Address Address Address Address Address	DO DATE NUV 2 0 1967 MILLION	PAT Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filterand director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withfire?) h

VR A15 (4) 20 M 1/66

hburs afte Page by the



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

841 450

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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ath. ² ages	节节	Stole	

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along wi 5 may be retained far your files. necessary, please execute the certificate, writing the ward "pending" in pencl in Item 18. Give Health prior ta burial, crematian, or remayal, and in any event within 72 hours after death.

INTERIOR EXAMINER: This certificate all amid be executed within 24 haurs after de

TO MERMITY

VR A15ME (5)

	PLACE OF DEATH			here deceased lived, if institution:	Residence before admission)
1	COUNTY Prince George's	MARYLAND	% STATE Maryland	b county Princ	ce George's
	b CITY OR TOWN (if outside corporate limits.	c LENGTH OF STAY IN 16		side corporate imits, write RURAL o	
	write RURAL and give nearest town)		Brandywi		1 /
	Brandywine NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	un abroat addisors)	d. STREET ADDRESS	ne	e IS RESIDENCE
		,	6		ON A FARM?
	Box #369, Old Indianhead		Box #369	Old Indianhead	Road YES NO X
	NAME OF First DECEASED	Middle	Lost	4 DATE Month	Doy Year
	(Type or print) Thomas	I.	Gray	DEATH 11	4 19 67
S	SEX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED	8. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
	male Negro W DOWED	DIVORCED	2-18-31	lost birthdoy) Mo	onths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work done 10b KIT	ND OF BUSINESS OR	11. B-RTHPLACE (Stote of		12 CT ZEN OF WHAT
duri		DUSTRY	Prince G	cos. Co. Md	COUNTRY?
13	FATHER'S NAME		14 MOTHER'S MAIDEN N		<u> </u>
*4	Thomas Francis Gra	111	Rosetta	Edelin	
15			NFORMANT	Address	
(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	4-28-8814 IV	1. Aniel C	5	40.
_			1019918	bray Son	מפון
	18 CAUSE OF DEATH (Enter only one couse per line for a PART I. DEATH WAS CAUSED BY.			-	INTERVAL BETWEEN ONSET AND DEATH MINUTES
	IMMEDIATE CAUSE (0) GUD	shot wound of	head		minutes
	/ C / DUE TO				
	Conditions, if any, which gove (b) (b)				
	stoting the underlying couse DUE TO				
	lost. (c)				
_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CON	DITION G VEN IN PART 1(0)	19 WAS AUTOPSY
CERTIFICATION					PERFORMED? YES NO X
2	200 EXTERNAL CAUSE WAS 20h DES	SCR BE HOW INJURY OCCURRED	(Enter poture of initial in P	art Lar Port II of Itam 181	11.5
EST	PRIMARY TO CONTRIBUTING			out to voil it of light is)	
	CAUSE OF DEATH.	shot by assai			10 A 1 (0)
MEDICAL	20c TIME OF N. JRY Month, Doy, Year 20d N Hour o.m While		CE OF INJURY (Home, form	20f (City or town)	(County) (Stote)
₹	1:50pm pm 11-4 19 67 at work	Not Whe X dri	ory street office bldg etc.	e Brandywine	P.G. Md.
	21. I certify that I taok charge of the rem	naths described abave, he	ld an Autopsy 🔀,	Inspection [x], Inquiry	X, and in my apinion
			ide , Hamicide	X Undetermined mann	ter 🗍
	ΔLT		CHIEF MED CAL E		
	ACTUAL SIGNATURE	who	M.D. ASSISTANT MED	CAL EXAMINER	22 DATE SIGNED
		1-1-1-		LEXAM NER	11-6-67
	NAME (Type) John Kehoe M.D., Ri	verdale, Hary			· ·
23o	DISPLAN COLUMNION 22% DATE THEREOF	23c NAME OF CEMETERY OR		23d OCATION (City or Town)	(County) (State)
1	SEMOVAL (Specify)	101 (0	God Cem.	Brandywin	ie Bron Seo Mi
24	FUNERAL DIRECTOR	ADDRESS	2So REC D	BY REGISTRAR LSb REGIST	RAR'S SIGNATURE
4	Martall adams a	augaca 1	nol. NO	IV 1 4 1987	Coopley yoursen



LOCATION (City or Town)

250 REC'D BY REGISTRAR

(County)

REGISTRAR 5 S GNATURE

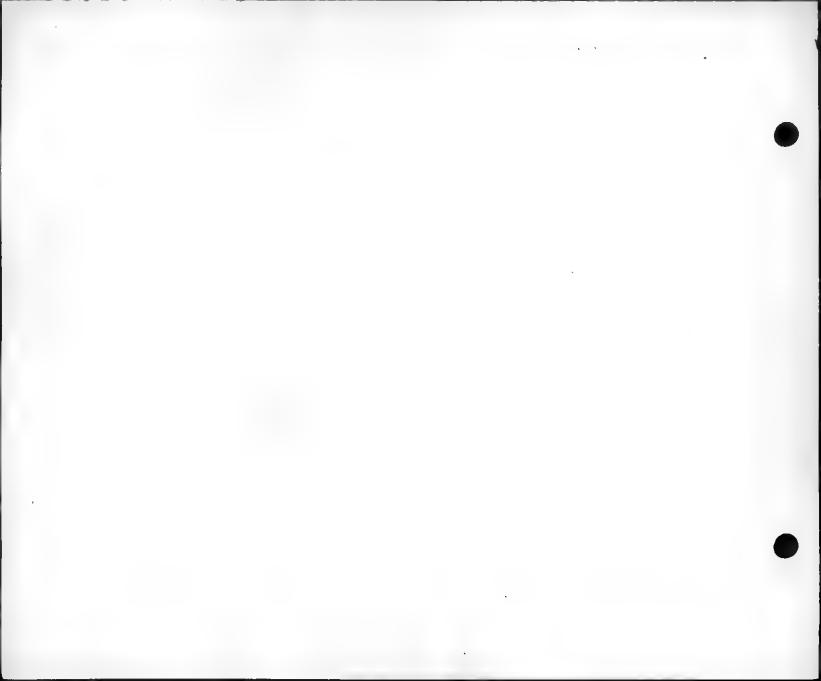
(State)

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 3 ta o. COUNTY b. COUNTY 6 death Prince Ceorge's Prince George's MARYLAND delay b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 DOA Cheverly Deanwood Park aff. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 8 IS RESIDENCE ON A FARM? d STREET ADDRESS 8 Give Pagms 1, Prince George's General Hospital 51st Avenue 9 YES NO X with the Sta within 72 ha 24 haurs after death Office mlong with 3 NAME OF Middle Last 4 DATE Manth DECEASED OF Greenleaf 10 Naomi 67 (Type or print) DEATH S SEX IF UNDER TYEAR FUNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED birthday) Months WIDOWED DIVORCED 4-9-18 female event Legro land? 10a UNUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (Stote or fore an country) 12 CITIZEN OF WHAT QUA Examiner's 13. FATHER S NAME MOTHER 5 MAIDEN NAME This certificate should be executed within <u>_</u> 5-1850 N and 是 17. INFORMANT 16. SOCIAL SECURITY NO. Address word "peading" in the Clief Medical (Yes, na, ar unknown) (If yes give war ar dates of service) remayal, CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Gunshot wound of head Б IMMEDIATE CAUSE (a). the word crematian, DUE TO Canditions, if any, which gave 0 rise ta immediate cause (a), DUE TO stoting the underlying cause o last. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPSY PERFORMED? NO X its designated agent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 4 or Part II of item 18.) 3 shauld PRIMARY To CONTRIBUTING shauld CAUSE OF DEATH shot during altercation 20e PLACE OF INJURY (Hame, form 20c TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED (City or town) (Caunty) (Stote) Hour a.m. While Nat While FUNERAL DIRECTOR: Page at wark i.G. Md. 8:25am pm. 11-10 1967 Deanwood rark. of work 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinion Accident the funeral director. death resulted from: Natural sauses Suicide . Hamicide X Undetermined manner retained CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED **SIGNATURE** Health or I 11-11-67 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** MAME (Type) John Maryland Address (Street city, town, or county) Riverdale

VR A15ME (5) 6M 1/66

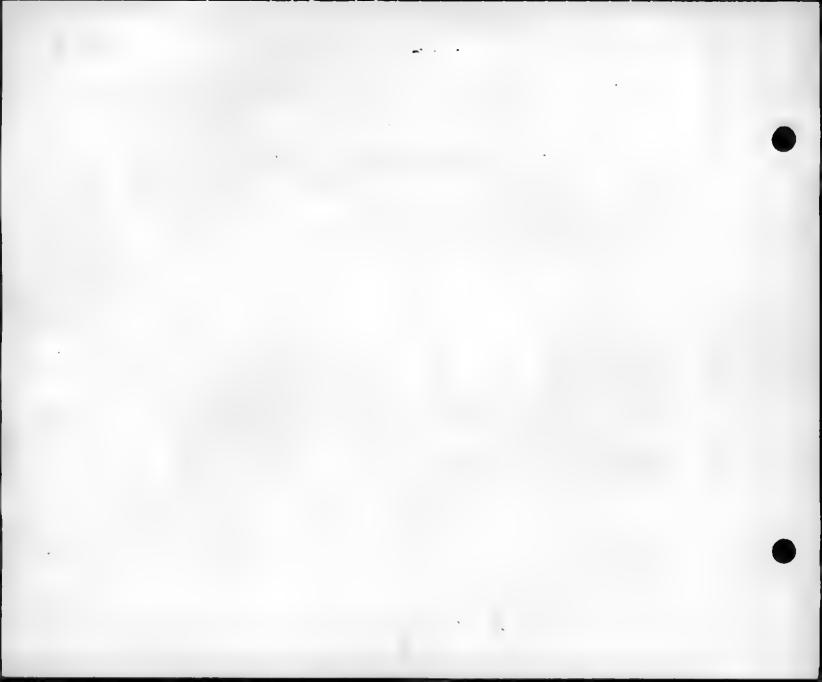
230 BURIAL CREMAT ON

-REMOVAL (Specify) 24. FUNERAL DIRECTO



CERTIFICATE OF DEATH

E PA		
de att	1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
A (56)2		o. STATE b. COUNTY
offer The Land		TRINGE OCORGE MARYLAND NG-
6 285		b. CITY OR TOWN (If outside corporate mits) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ST Paris		write RURAL and give nearest town) Thought for Md- I Months Friendly
hau.	\vdash	
24 H	_	ON A FARM?
Illed page nun	١.,	ine View Gardens Health Carelenter 1021 Broad view No. YES [NO [
불 투발됩	3	NAME OF First Middle Colost I 4 DATE Month Doy Year
executed with ind campletely i remave carban i any event, wit	ľ	DECEASED
d det	_	Type of print) OSCAR ORITION DEATH NOV. 14 196/
inted impletive car event	5	
exection of calculations only (Male No Seo WIDOWED DY DIVORCED (1-5-98 Igst bethdoy) Months Doys Hours Min
and rem	10.	USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR] BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT
be ar	dur	ng most of working file, even if retired) ANDUSTRY ANDUSTRY
cian cian ease and		ng post of working tile, even it refired) ARD NOUSTRY LANGUARD AND LORGIA L
ertificate be physician o nen please iaval, and ir	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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th certifi ling phy Then remava	Z	
# <u>#</u> .e	IS	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) {If yes give wor or dotes of service} 16 SOCIAL SECURITY NO. 17 INFORMANT / Address 601 - FTL 5 + W LCC
enc ar	118	
that the death certificate be executed within 24 haurs and the attending physician and campletely filled the by the attending physician and campletely filled to by transit permit. Then please remaye carban papers. Parematian, ar remayal, and in any event, within 27 hours	\vdash	
at a tit		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH
that than the on. by the ronsit cremat		MMEDIATE CAUSE (0) Thirdisyrasocial of the approximate the state of th
t e of the		10 -1 DUE TO 1
sici sici sici sici sici sici sici sici		Conditions if any which area?
to the second se		rise to immediate course (a)
o b b b b		stoting the underlying couse DUE TO
winding the contract of the co		lost (c) Charcian / county
E S P P P P P P P P P P P P P P P P P P		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY
The att att see see see see see see see see see s	S	PERFORMED?
- L	18	AEZ NO TAL
AN Par	CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18)
日前指する		OR CONTRIBUTING ☐ CAUSE OF DEATH
YS oosl cel cel cel		(IF EITHER, NOTIFY MEDICAL EXAMINER)
PH s h s h tac	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form Hour o.m. 20f. (City or town) (County) (Stote)
# # # # # # # # # # # # # # # # # # #	×	Mile Not While of work of work
to the state of th		
ed A de		21. I certify that (I) (this haspital) attended the deceased fram #-26 , 1967, ta #-14 , 1967, that (I) (we) last
HE SE		saw the deceased alive an 1/-14 1967, and that death accurred at 250 M, fram causes and an the date stated above
TA S D S E		220. SIGNATURE 22b. DATE SIGNED
5 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		llfred Lapur MD ATTENDING DIRECTOR DIRECTOR DIVING DIVING DIRECTOR DIVING DIVING DIRECTOR DIVING DIV
		22c. PHYSICIAN'S ADDRESS 22d A
AL AL POG PG F F F F F F F F F F F F F F F F F F		NAME (Type) PEFRED R. LAPIN, Mg (2/NTON MD
d by		
	230	BURIAL CREMATION, 236 DATE THEREOF 235 NAME OF CEMETERY OR CREMATORY 235 LOCAT ON (City of Tovyd) (Cygniy) (Signe)
Poge of Full		REMOVAL (Specify)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SUBMATURE
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25M 1/6X//	V6	a succest 1 / law leaves I the Art - 2 nave NOV 2 0 1967 Williams on Junge



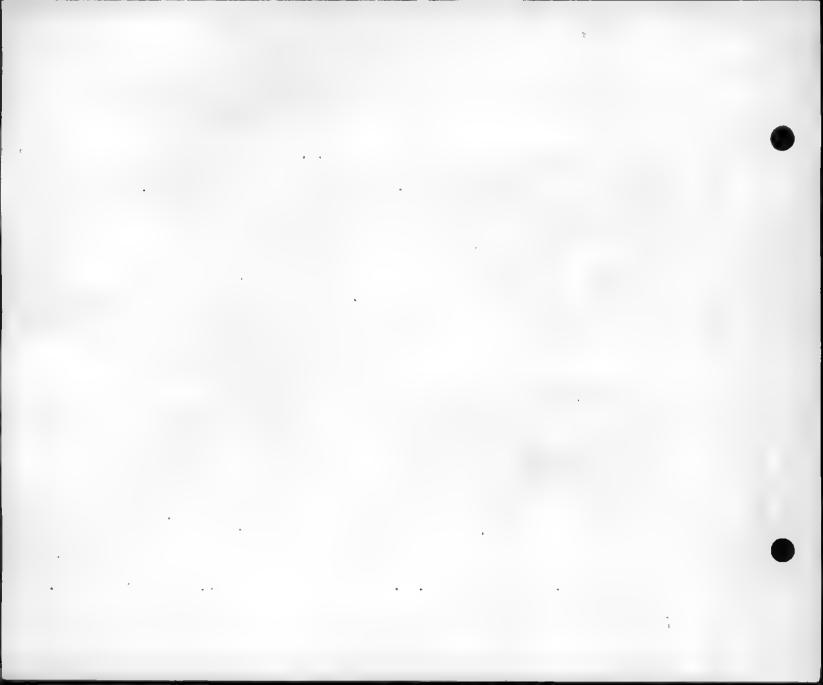
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15 37

1					CEKTIFIC	AIŁ	OF DEATH			-AV	0.4	
1	1, 1	PLACE OF DEATH				Ī	2 USUAL RESIDENCE (Where deceased			before adr	nissian)
1	F	rince Ge	orges		MARYLA	ND	Maryland			ice Geo	rges	
ſ		b CITY OR TOWN (I	f outside corparate limits, I give nearest town)		c LENGTH OF STAY IN	ìЬ	c City OR TOWN (If or	ıtside corporate	limits, write RUF	RAL ond give n	earest tow	<i>ദ</i> n)
ı	- (neverty			2 days	ļ	Upper Marl	boro			1	
		d. NAME OF HOSPITA	AL OR INSTITUTION (If not in	haspital, giv	re street address)		d. STREET ADDRESS					RES DENCE A FARM?
	P	rince Ge	orges General	l Hosp	ital		R.R. Box 2	250				☐ NO Æ
I		NAME OF DECEASED	First		Middle		Lost	4. DATE	Mont	h	Day	Year
l		(Type or print)	Mary		y,		ffith	OF DEATH	Nov	9	-	19 6.7
ı	S. :	SEX	6 COLOR OR RACE 7.	MARRIED 5	NEVER MARRIED	8	DATE OF BIRTH	9 1	AGE (In years last birthday)	IF JNDER 1 Y		NOER 24 HRS.
		Temale	MILLE	AIDOMED [4/24/19		48 yrs.		·	
ı	10a	USUAL OCCUPATION ing most of working	(Give kind of work done	10b. KINI	O OF BUSINESS OR		11 BIRTHPLACE (County	& State, or fareig	jn country)	12 CIT ŽI €OUN	EN OF WHA	ĄT
				Hou	œwite.		Prince Georg	e Co. 11	nd.		,5,	A
	13	FATHER S NAME	00.	1			14 MOTHER'S MAIDEN	game,				
		Ua mes	s 6. Froc.	lor	,			SWan	77			
ı	IS (Ye	WAS DECEASED EVE is, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates of sen	16. SQ	CIAL SECURITY NO.		IFORMANT	0.0	C+11 Addre	-		
						W	lliam b	Gritt	ith	<u> </u>	me	,
ľ		18. CAUSE OF DE	ATH (Enter only one couse por H WAS CAUSED BY.	er line for (d	s), (b), and (c).)							BETWEEN
		IMMEDIATE CAUSE (a) — CITTHOSIS OF LIVET, SEVETE										
		5610	DUE TO						,			
Conditions, if any, which gave rise to immediate couse (a). Station the underlying couse (b) DUE TO and Cerebellum							ım					
ı		stating the under	lying cause		and Cere	be I	Lum					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									I to true	AUTOPSY		
ı	8	PART II OTHER SE	SNIPICANT CONDITIONS CONTR	GROTING TO	SEATH BU! NOT KELAT	ון טו עו	TE LEKMINAL DISEASE COI	NDII ON GIVEN	IN PAKI I(a)		PERF	ORMED?
l	FICATION	00 - ACCIDENT WAS	AIDENIVING CT	Look proc	THE HOW WILLIAM OCCU	IDDED (D D 1	-6 10 1		AE2 X	ON XK
۱	ERT	20a ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH	205 DESC	KIBE HOW INJUKT OCC	JKKEU (I	Enter nature of injury in	Port I or Part I	of Item (8)			
	3		MEDICAL EXAMINER)	E on a DID	URY OCCURRED 2	B. DIAC	OF INITIAL (II F	206 /	(.t t)	Ir		((10.0.)
l	MED.	Haur a.n					E OF INJURY (Home, forn ry, street, affice bldg., etc.)		City or town)	(Caunt	¥1	(Stote)
	~	pn		While at work	ot work				37 O	1067		
ĺ		21. I certif	ly that (I) (this haspits eceased alive an <u>No</u> v	L) attende	ed the deceased tro	am	donth required at	19, ta_	NOV. 9	, 19 <u>07</u>	., that (1) (26/26) to
		220/ SIGNATURE	eceased alive an NOV	7,	19 <u>07</u> , all	d thai	death accourse of	<u>9:43д</u> м,	irdin canzez	22b. DATE		area abov
ı		229/310/10/10/20	11 1K	6		M D.	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	1 20 00	SIOUCH	
ı		22c. PHYSICIAN'S	~ (1/0)	Jule -		mi U.	22d. ADDRESS	DIRECTOR L	7 5.44 F	11/10	14/	
ı		NAME (Type)	A. Clark H	olmes	, M. D.		4108 Prat	tt St.,	Upper M	arlbor	o, Md	L
ŀ	23a	BURIAL, CREMATIO	N. 23b DATE THEREOI	F	23c NAME OF CEMETE	RY DR C	REMATORY	23d LOCA	T QN (City or To	wn) (Co	ounty)	(State)
1	F	BURIAL CREMATION REMOVAL (S. Berly)	11-13-6		Resurreti		Com.	1010	1 0	/ /	1. 2	nd.
f	24	SUNERAL DIRECTO			ADDRESS	42	2Sq REC'	D BY REGISTRAR		GISTRAR'S SIGI	NATURE	7 0 7
1	1	Martel	& Claams	6 Ch	quarco,	14	L. DATE NU	1: 14 1	36/	Marie	D Jus	The same

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tifled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1, and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 22 bours after deets. Page 4 may be retained by the nospital ar attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND

CLENGTH OF STAY IN 16

33 days

15845

Prince George's

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

b. CITY OR TOWN (If outside corporate limits.

write RURAL and give nearest town) Cheverly

PLACE OF DEATH

o. COUNTY

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

o. STATE

d STREET ADDRESS

Hyattsville

15838

e. IS RESIDENCE

ON A FARM?

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

P CONNIA

Prince George's

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EPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is 📻 📆	execute the certif	tar. Page 4 should	ed far your files.	CTOR: Page 3 shaul	mind cromation or
MED	pleas	direc	retain	L DIRE	d of a
EPUTY	SSORY,	funera	dy be	NERAL	th man

YES NO 3 Prince George's General Hospital 8312 Fremont Street 3 NAME OF 4 DATE DECEASED DEATH (Type or print) Wilhelmina Guenthner S SEX 6 COLOR OR RACE 9 AGE (In years IF UNDER , YEAR IF UNDER 24 HRS 7 MARR ED 8 DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED & DIVORCED White 11-16-1882 Female 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11 BIRTHP.ACE (Stote or foreign country) South Dakota during most of working like even if retired) Owly Hone 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Magdalena Welk Joseph Klaudt 17 INFORMANT W. Guenthner 324PesNorth Columbis IS WAS DECEASED EVER IN U.S. ARMED FORCES? 15 WAS DECEASED EVER IN U.S. ARMED FORCES?

16 SOCIAL SECURITY NO 215-048-2188-7 Irlington, Va. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Heart failure DUE TO Arteriosclerotic heart disease over 2 yrs. Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(c) CERTIFICATION Fracture of the right hip - 33 days

AL CAUSE WAS 200 DESCR BE HOW NJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) YES NO 2 200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING SECAUSE OF DEATH. Fell at home 2Dd NJURY OCCURRED 2Dc TIME OF INJURY Month, Doy Year 20e PLACE OF NJURY (Home, form, 20f (City or tawn) (County) (Stote) Hour o.m. 10-12- 19 67 While Nor While of work Home foctory, street, office bldg , etc.) same as #2 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry and in my opinion death resulted from: Natural causes Accident x Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER John Kehoe, M.D. 11-15-67 Riverdale. Md. Address (Street, city, town, or county) NAME (Type) the 5 m Heal 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BUR AL, CREMATIÓN, (County) (Stote) Bridgewater, S.D. REMOVAL (Special) 11/18/67 Bridgewater Cemetery F. Gasch's Sons 4739 Balt. Ave., Hyattsville, Md. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Telization Jacque

VR A15ME (5) 6M 1/67



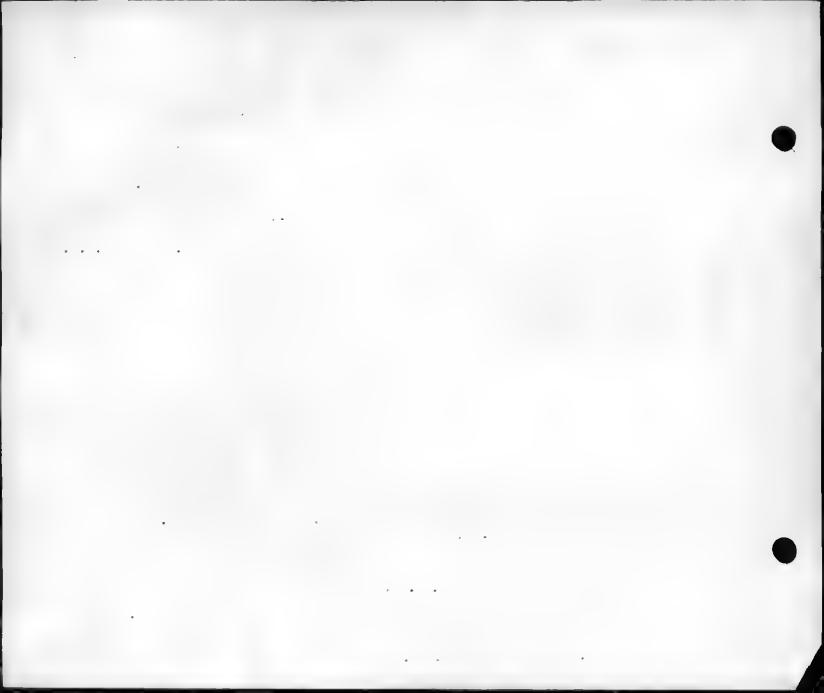
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Place OF DEATH										
b CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town write RURAL and give neorest town Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) Prince Georges General Hospital 3 NAME OF First C. LENGTH OF STAY IN 1b 2 hrs DisgrictHeight 4 STREET ADDRESS 8 ON 7 FS SOO7 Holly Spring Rd 7 FS 3 NAME OF First Middle Lost 4 DATE Month Doy										
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Prince Georges General Hospital 5007 Holly Spring Rd YES NAME OF First Middle Lost 4 DATE Month Doy										
NAME OF First Middle Lost 4 DATE Month Doy										
DECEASED (Type or print) Baby Girl Hall DEATH Nov., 6										
SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED D B. DATE OF BIRTH 9. AGE (In yeors If UNDER 1 YEAR IF JN										
The plant of the property of the plant of th										
o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT										
uring most of working life, even if retired) INDUSTRY COUNTRY?										
Prince Georges Co. Nd U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME										
3. FATHER'S NAME										
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address										
(es, no, or unknown) (If yes give wor or dates of service)										
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),)										
PART I. DEATH WAS CAUSED BY: ONSET AN										
Initialistic Charles										
Condition the white can be for the transfer of										
rise to immediate couse (o).										
storting the underlying couse										
PERFO YES 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Part II of Item 18.)										
OR CONTRIBUTING CLAUSE OF DEATH										
20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, hour o.m. 20f (City or town) (County) While Not While factory, street, office bldg., etc.)										
Hour o.m. 19 While Not While of work of work of work of work of work										
21. I certify that \$1) (this haspital) attended the deceased from Nov. 6, 1967, to Nov. 6, 1967, that \$1)										
sow the deceased affive on Nov. 6 1967, and that death occurred at 4.15M, from causes and an the date state										
220 SIGNATURE M.D. ATTENDING MED. STAFF PHYS DIRECTOR PHYS XSXX 221. PHYSICIAN'S										
22c PHYSICIAN'S 22d. ADDRESS										
MAME (Type) Bernardo Alvarado, M. D. / Prince Georges General Hospital										
30. BURIAL CREMATION 230. DATE THEREOF 234. NAME OF CEMETRY OR CRIMATORY 23d, OCATION IC by or LOWD) (County)										
REMOVA(Special CREMATION County) REMOVA										
24. FUNERAL DIRECTOR / ADDRESS HOSDITAT A 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE										
William A. Parker, Cheverly, Md. DATE NOV 1 1501										
7-269101										

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 yours after beatter. IO HOSPITAL OR ATTINDING PHYTICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the naspital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

A Alar			TOOM	RTIFICATE OF DEATH	20040
decth.			LACE OF DEATH COUNTY OF COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institut and a STATE of a STATE o	
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ours of the			write RURAL and give nearest town)		
hours Fr. bours	ŀ	-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addre		e IS RESIDENCE
지 생활기	o k	D	ne View Gardens Health Care (Center 1401 Strouss Ave	ON A FARM? YES NO I
within 24 hou lely filled in bon logers.	-	3. 1	AME OF First Mode		Doy Year
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nplet e carl	ŀ	5. 5		MARRIED 8. DATE OF BIRTH 9 AGE (In years	IF UNDER 1 YEAR IF JNDER 24 HRS.
that the death certificate be emecuted within ian ian by the attending prysician and campletely fall fransit permit. Then please remave carbon be crematian, ar remaval, and in any event, within		1	Emale Wilhits WIDOWED DI	VORCED APRIL 12 /88 (OST DETTINGOY)	Months Days Haurs Min
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hen hav		1	t. Temple Stevens Ment	Bettu Huches	
ding the real		IS (Yes	WAS DECEASED VER IN U.S. ARMED FORCES? na, or unknown) {(If yes give war ar dates of service)		
ne death attendir p=rmit, ian, ar re	L	110.	No - 312-16-41	190-1AB MisMispret Games Upper	Mar/bors, N'd.
		П	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s) PART I. DEATH WAS CAUSED BY:	1) 12 2 1/2 1/2	INTERVAL BETWEEN ONSET AND DEATH
hat n by th ans		- 1	INMEDIATE CALICE (a)	elleral Demmay.	CHISCI AND DEASH
law requires that nating physician peen signed by the stransion to the burial-transion to burial, cremion to		-	422/ Conditions, if any, which gove) DUE TO Conditions, if any, which gove)	1, more of last and and the	R
phy: phy: sign buri		-	rise to immediate cause (o),	comamy warm	20
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The law re attending has been se as the h prior to		ł	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT PELATED TO THE TERMINAL DISEASE COMPITION CIVEN IN PART I(a)	19 WAS AUTOPSY
투이로양수	4		TAKE II. OTHER POSITIONS CONTINUED IN TO DESTIN DOT IN	OF REDAILS TO THE LERISIANE DISEASE COMMISSION OFFICE IN TART IN	PERFORMED? YES NO
IAN: The of or of ficate hat far use Health		2	200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJ	JURY OCCURRED (Enter nature of injury in Part I or Part I of Item 18.)	11.5 11.0
目表生っち			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	and decounted (and noted of injury in fall for each to a notice to,)	
PHYIMI re haspit his certif etached Dept. of		MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED	D 20e. PLACE OF INJURY (Home, form, 20f (City or town)	(County) (State)
~ ± •		띭	Haur a.m. While at wark at wark		1 1/
ATTENDING etained by th CTOR: After shauld be d rith the State		-	21. 1 certify that (1) (this haspital) attended the dece	gsed from //-/0 , 1967, to //->	3, 196 7that (1) (we) last
Ped		1	saw the deceased alive an 11-23 196	7, and that death accurred at SisolM, from causes ar	nd on the date stated above
		ı	220. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED
			Ulfred & org.	M.D PHYS. L. DIRECTOR L. PHYS	11-23-67
	1	1	221 PHYSICIANS NAME (Type) ALFRED P	APINAD 22d ADDRESS CLINTON!	MI).
[S 4 H 2 D 2		22	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	4/////	
Page 4 r O FUNER director,) [230 7	PEMOVAL (Specific)	of cemetery or crematory 200 yours on City or Town	R. P. IL
= 2 T	-	1/4	FUNERAL DIRECTOR, ADDRE		STRARS SIGNATURE
VR A15 (4)	,	1	Hont Fineral Home		Merries Judge



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e funeral director, noutd be filed with ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours moy be retained After this certificate has been signed by the attending physician and completely filled in page 3 should be hed far use as the burial-transit permit. Then please remave carbon papers. Pages 1 on the registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death. moy be retained TO FUNERAL DIRE page 3 should be

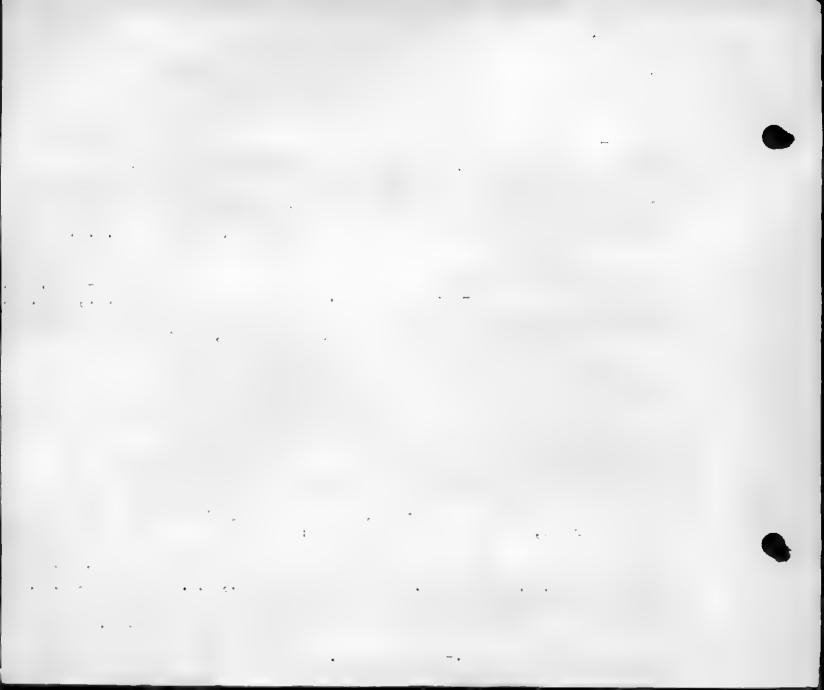
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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Dan.	Dist	No				_

	1	CERTIFIC	AIL OI DEAII	Reg. D	list. No.			
1. PLACE OF DEATH o. COUNTY Prince Ge	orges County	MARYLAND	2. USUAL RESIDENCE (WAS 0. STATE Maryland	ere deceased lived. If institution, Reside b. COUNTY Charles	nce before admission)			
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL and	give nearest town)			
Suitland		3 months	Nanjemoy	(Rural)				
OR INSTITUTION	1 /		d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM?			
Residence		venue	<u> </u>		YES NO			
3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE Month OF DEATH November	Doy Yeor 1967			
5. SEX	6. COLOR OR RACE 7 MARE	Virginia	HANCOCK B. DATE OF BIRTH		R I YEAR IF UNDER 24 HRS.			
		RIED NEVER MARRIED DIVORCED DIVORCED		lost birthdoy) Months	Doys Hours Min.			
Female 100. USUAL OCCUPATI	ON (Give kind of work done 10b.	[4]			ITIZEN OF WHAT COUNTRY			
during most of wor	king life even if retired) At		1	orge ,Virginia	U.S.A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN N					
10	hn Henry Carp	enter	Nanny	Burchill				
15. WAS DECEASEDEV	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)	12-54-0339	B Mrs. Vesta	A Holt-Daughter	11 -19th. S S.E. Wash.			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cerebral (Arteriosclerosis) Hemorrhage, right side One mont DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOF PERFORMED: YES NO 20a, ACCIDENT WAS UNDERLYING CAUSE OF DEATH ONSET AND DEATH ON D								
	MEDICAL EXAMINER)	******	ED. (Enter nature of injury in I	<u> </u>				
ZOC. TIME OF INJUI	RY Month, Day, Year 20d. II White 19 of wor	Not while	PLACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or town)	(County) (State)			
				vember 11; 1967 that I				
actual signature	filliam J. P. Ho	3 How		A.M., from the causes and an analysis (street, citylor town, stole)	the date stated above. DATE SIGNED NOV. 12, 196 ington. D. C.			
Assesser (1) has				NaDa Wash	ng con De C.			
220. BURIAL, CREMATIC EMOVAL (Specify BUIL AL	11/14/1967	Nanjemoy		22d LOCATION (City, town, or county) etery Nanjemoy,				
23. FUNERAL DIRECTOR	"S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR 245. REGISTRAR'S S	IGNATURA .			
Arehart	runeral Home,	IncLa Pla	ta, Md. DATE NI	DV 15 1951 Julia	ries formans			



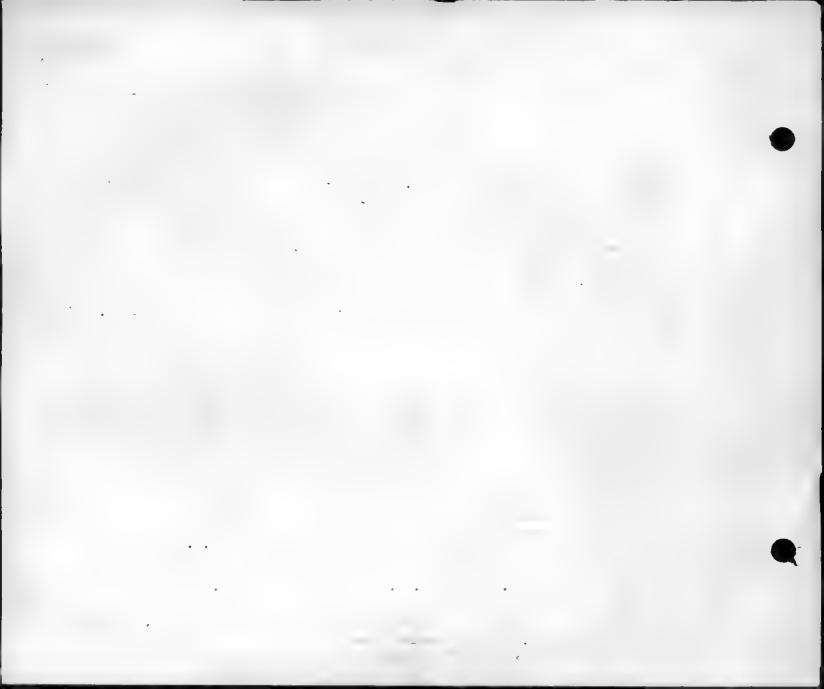
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tageroldinector, page 3 should be detached for use as the burnal-transit permit. Then please remove carban pages. Pages 1 and 2 hours should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours ofter death.

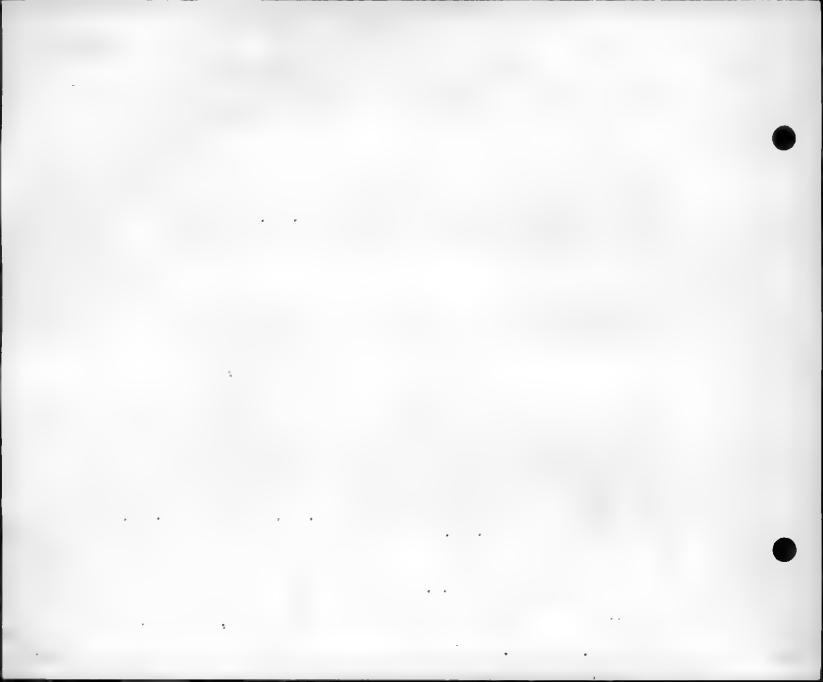
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	_										
		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)				on)
		o. COUNTY Prince	George's		MARYLAND		o. STATE b. COUNTY Marvland Prince George				
		b CITY OR TOWN (If outside corporate limits,			c. LENGTH OF STAY IN	1b		itside corporate limits, wr			
		write RURAL on Cheven	17 days		Suitland			, '			
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, gi					d. STREET ADDRESS			e IS RESI	
74		Prince (George's Ger	neral H	ospital		5610 Shadyside Avenue			YES	NO
		NAME OF	Middle		Lost	4. DATE	Month	Doy Ye	edr		
	(Type or print) Nettie					Hardy	OF DEATH 1	November	13 19	67	
	S	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	M	B. DATE OF BIRTH	9. AGE (In you lost birtho		1 YEAR IF JNDE Dovs Hours	R 24 HRS
]	Female	White	WIDOWED	DIVORCED		10/7/91	76	yrs.	noky 160012	35/(1)
			(Give kind of work done		D OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country	12 (1	T ZEN OF WHAT		
	uun	uring most of working life, even if retired) IND			DUSTRY		Maryland			12 CIT ZEN OF WHAT COUNTRY? USA	
	13.	FATHER S NAME			14 MOTHER'S MAIDEN NAME			NAME			
			in Hardy				Unknown				
			R IN U.S. ARMED FORCES? (If yes give wor or dotes o		SOCIAL SECURITY NO.	17. 1	7. INFORMANT Address				
	1,2	No	1. 102 3110 40101 40163 0	2017101		Con	a Ferreola	3627 Silver	r Pk, Dr	. Suitla	nd
		18 CAUSE OF D	EATH (Enter only one cou	se per line for	(o), (b), ond (ε))		2 0 0			INTERVAL BE	
		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH									
		DUE TO /, 7 /C - 0 > /.									
		(conditions, if ony, which gove) (b) (b)									
		stoting the unde		-							
		last.	,	(c)	New					19 WAS AUT	2000
^	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(0)									
27	ICATION	Sech capelal fr R from YES NO 20									
	CERTIF										
	MEDICAL	Hour To.	3.6	While	Not While		CE OF INJURY (Home, form ory, street, office bldg., etc.		wn) (Co	unty)	(Stote)
		p.m. 19 of work 1 at work 1 21. Certify that (1) (this hospital) attended the deceased from 10-25-, 1967, to 11/13, 1967, that (1) (we) last									
		saw the deceased alive an 11/13 19 67, and that death occurred at 3:16 M, from couses and on the dote stated above.									
		220 STGNATURE	ayus		Jowl	M.D	ATTENDING PHYS XXX	MED STAFF DIRECTOR PHYS	22b D	ATE SIGNED	
1		220 PHYSICIAN'S		(1	111.0	22d. ADDRESS				
}			Francis D.	. Fowle	r, M. D.		4400 Stan	p Rd. Marlo	w Hgts,	Marylan	d
)	230	BURIAL, CREMATIO	ON 236 DATE THE	REOF	23c. NAME OF CEMETE	RY OR	CREMATORY	23d LOCATION (City	r or Town)	(County) (Stote)
1		REMOVAL (Specify Burial					rch Cemeter				3
H	24	. FUNERAL DIRECTO	Robert E. W	ilhelm	Funeral Ho	me	25o RECI	BY REGISTRAR 2	Sb REGISTRAR'S	SIGNATURE	
70	4	308 Suit	land Road,	Suitlar	nd, Marylan	d	DATENO	V 2 0 1967	Milan	les Judge	2



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1	2 N.Z	1	emiss 3	J409 7.	24/64	Lin CERTI	ricale	OF DEATH				501		
1	ed a series		LACE OF DEATH					2. USUAL RESIDENCE	(Where deceos	ed lived, if institut	ion: Resident	e before	odmission	n)
1	2- b	Ė	rince Ge	orges		MAI	YLAND	Maryland		Prii	ice Ge	org	28	
	at at at		. CITY OR TOWN (If	outside corporate hmit give negrest town)	s,	c LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If	outside corporo	te limits, write RUI	RAL and give	neorest	town)	
	Hours Port	(heverly	give ilealest towil)		2 days		Capitol	Height	s		/		
	Tages of the part	(. NAME OF HOSPITA	L OR INSTITUTION (If n	ot in hospitol,	give street oddress)		d STREET ADDRESS	_		-	0	IS RESIDI	ENCE RM2
	filled filled thin 74	I	rince Ge	orges Gene	ral Ho	spital		6188 Rol	lins A	venue		Υ		NO 🔲
	xecuted within 2. I campletely filled nave carban pag ny event, within	3.	NAME OF	End	rst	Middle	les	Lost	4 DATE OF	Mont	h	Doy	Year	r
	d w lete carb		ECEASED Type or print)	0	Baby-	Boy-		Harper	DEATH	Nove		18,	19 6	
	e executed and camplet remave car	5. !	EX	6. COLOR OR RACE	7 MARRIED		=	B. DATE OF BIRTH	9	AGE (in years lost birthday)	Months 1	Dovs Dovs	IF UNDER Hours	24 HRS.
	and careman nany		le	Colored	MIDOMED		D 🔲	Nov. 16,		γις		2		
	requies that the death certificate be executed within 24 hours a physician. I signed by the attending physician and completely filled a by a bunal-transit permit. Then please remave carban papers. Par bunal-transit permit, ar remaval, and in any event, within 2 transits bunal.		USUAL OCCUPATION ng most of working li	Give kind of work done te, even if retired)		CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Count	ty & State, or for	eign country)	12 (11	IZEN OF UNTRY?	WHAT	
	fical ysic ple al, a	13.	FATHER S NAME					14. MOTHER'S MAIDEN	NAME					
	erti ph hen hen													
	he de∎th certiff e attending phy permit. Then han, ar remava	1s	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dotes	16.	SOCIAL SECURITY NO.	17.	INFORMANT	-	Addre	255			
	dell tten mini ', ar	110	5, 110, 01 BIIKIIO WII)	il yes give wor air doles i	ol salvica)									
	that the d an. by the att ransit per crematian,		18. CAUSE OF DEA	VIH (Enter only one cou									RVAL BETV	
	aquims that the physician. Signed by the burial-transit burial, cremai		PAKI I. DEAIR	I WAS CAUSED BY: IMMEDIATE CAUSE	(o) Res	piratory I	istr	ess syndrom	e;			0113	II AND DE	LATO
	icia sicia sid th sid t		16	DUE										
	physicic physicic signed burial-ti burial, c		Conditions, if any, inse to immediate	rouse (n)		monary Ede	ma w	ith congest	ion					
	law ren nding been s s the t		stoting the underl	ying couse DUE										
				MIDICANT CONDITIONS		ebral eden		THE TERMINAL DISEASE O	ONDITION CIVE	M IN DADY 1/o		19	OTHE 24W	PCY
	r after e has use as	NOI	TAKI II. OINEK SIG	MILICANI CONDITIONS	ONIKIBUTING	TO DEATH BUT NOT KE	DVIED IO	THE TERMINAL DISEASE C	ONDITION DIVE	N IN PART I(U)			WAS AUTO PERFORME	
	All: That are an are	CERTIFICATION	20o ACCIDENT WAS	INDERIYING [7]	20h D	ESCRIBE HOW INTIRY	OCCURRED	(Enter noture of injury ii	n Port I or Port	I II of item 18.)		1152	rive i	<u>«О П</u>
	ENASICIAN: e haspital ar his cert.f.cate stached far r Dept af Heai		200 ACCIDENT WAS OR CONTRIBUTING [[IF EITHER, NOTIFY N	CAUSE OF DEATH	100 0		, , , , , , , , , , , , , , , , , , , ,	ferror more or miles)						
	G IIIYSIC the haspi this cert. detached e Dept a	S	20c TIME OF INJUI	RY Month, Doy, Year	20d.	INJURY OCCURRED	20e PLA	CE OF INJURY (Home, for	rm, 20f	(City or fown)	(CoJ	inty)	(5	itate)
	- T 0	WED	Hour to m. p.m.	10	While of wo		foc	tory, street, office bldg., et	c.)					
	by be Stat		21. I certify	that (1) (this has	pital) atten	ded the deceased	fram_	Nov. 16.	19.67 , to	Nov.	18, 196	7, the	ot (体(v	ve) las
	ATTENDING stained by the CTOR: After should be dith the State		sow the de	ceased olive on	Nov. 1	8,1967,	and tha	t death occurred a	112:45	, from causes	and on th	ie date	stated	above
	W 144 S		22o. SIGNATURE	5 , .	00			ATTENDING	MED. AM	STAFF	22b. DA	ATE SIGNE	D	
	be 3		(dem	7	enser	M.	D PHYS	DIRECTOR	PHYS XLX	Moc	229	4,191	67
			22c. PHYSICIAN'S NAME (Type)	Edwin Je	Jan	M.D.		22d. ADDRESS Prince (enroes	Ceneral				
	45. db	220				23c NAME OF CEN	ACTEDY OF			CATION (City or To				-4-1
	Page O Fun	¥30	BURIAL, CREMATION REMOVAL (Specify).	12-9-		/		s General		١, ,	,	(County)	,	ote)
	^	24	FUNERAL DIRECTOR		11/	ADDRESS	or Se	2So RE	D BY REGISTR	AR 25b RE	GISTRAR S SI			
	VR A15 (4) 25M 1/67	-	Allera	Penn, or	Admin	istifator		DADE	C 18	1967	iarle			h



THE PARTY

100

in pencil in Item 18. Give Pages 1,2, and 3 ta

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death If necessary, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pag the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with

delay is

Page death. natent of 5 may be retained far yaur files.

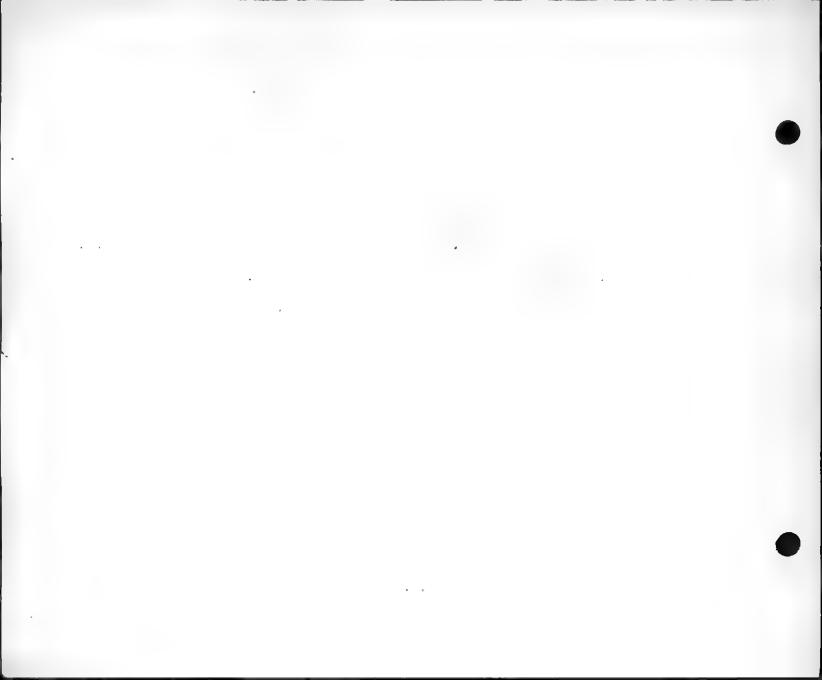
TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit file pages land2 with the State Departs
Health ar its designated agent, priar to burial, cremation, or remaval, and in any event within 72 nours after

VR A15ME (5)

15851

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

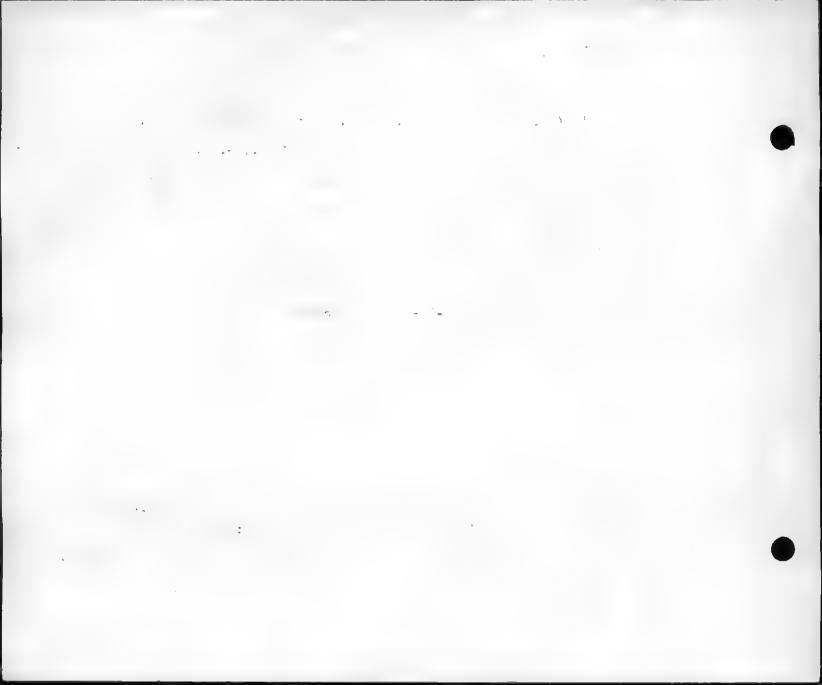
	ACE OF DEATH						USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o STATE b. COUNTY							=	
C	county Pri	nce Georg	e		MAF	RY_AND	o STATE	Md.	,			ince	Geor	ge	
t	CITY OR TOWN (IF	outside carporote lim		ſ	LENGTH OF STAY	IN 16	c C TY OR T	ruo II) MWO		ote mits, v					_
		give nearest town) heverly			DOA			Lar	ıham					, ,	
¢	NAME OF HOSPITA	L OR INSTITUTION (If	not in ho	sp to , g ve	street oddress)		d STREET A	DDRESS					8	IS RESIDENCE ON A FARM?	4
	Prince	George G	ener	al Ho	spital			932	2 F	ontana	a Dr	ive	Y	ES 40 [3
	NAME OF		First		Midd.e		Lost		4. DATE		Month	1	Doy	Year	
	Type or print)		Fran	k	Car	los	Har	per	OF DEATH		11		.7	19 67	
S S	EX	6 COLOR OR RACE	7 M	ARRIED 🗔	NEVER MARRIE	.D 🔲	8 DATE OF BI	RTH		9 AGE (n lost birtl		F UNDER Months	Doys	Hours Min	-
	M	W	Wif	DOWED [DIVORCE	ED 🔲	8 Marc	ah 192	6	47	yrs	MUIIIII	פויסם	LIOUIZ MILI	
100	USUAL OCCUPATION	(G ve kind of work dor	10	10b KIND	OF BUSINESS OR			LACE (Stote		ountry)			TIZEN OF		_
durii	nd unto of Aouthus i	te, even it refired)		Sell	Employe	ed		Iowa	a.			4	#NT S ?.	Α.	
	FATHER'S NAME							S MAIDEN N							
	Gale M.	Harper						nie O	. Ev	ans					
15	WAS DECEASED EVER	IN U.S. ARMED FORCES	57	16 SOCI	AL SECUR TY NO	17	NFORMANT				Addres	-			_
Y	es prunknown) (If yes we war ondere	2 OL 26(A)(577	32 7731	D	aphne	R. H	arper	r Sam	ie as	s #2	(wif	e)	
╗		ATH (Enter only one c	ouse per	tine for (o),	(b), ond (c).)									RVAL BETWEEN	=
		I WAS CAUSED BY: IMMEDIATE CAUS	E (o)		Heart	fail	ure							T AND DEATH	_
	4200		JE TO												
	Conditions, if ony,		(b)		Arter	ioscl	erotic	heart	dise	28.Se			unknown		
	rise to immediate stating the underl		JE TO										1		
	lost.	}	(c)						_						
_	PART II OTHER S G	NIFICANT COND TIONS	CONTRIB	UTING TO D	EATH BUT NOT RE	LATED TO	THE TERMINAL	DISEASE CON	DITION GIV	EN IN PART	1(0)		19 \	WAS AUTOPSY PERFORMED?	
MED CAL CERTIFICATION														NO [1
Ħ	20o. EXTERNAL CAU			20b. DESCRI	BE HOW INJURY (OCCURRED.	(Enter noture o	of injury in P	ort I or Po	rt II of item	18.)	_			
ER.	PRIMARY I or CON' CAUSE OF DEATH.	I KIBUTING L													
S. I		RY Month, Day, Yeor			Y OCCURRED		CE OF INJURY		, 20f	(City or I	own)	(Co	unty)	(State)	_
MEL	Hour a.m.	14	,	While of work	Not While	fact	ory, street, offi	ce bldg , etc)							
ľ		that I took char	ae of t			bove_he	ld on Autoi	osy 🗔.	Inspect	10n 🔽 ,	Inqu	ıry 🛶,	ond	in my opinio	on .
	deoth resulte		~	ses 🗷	Acqide	21		Homicide		Indetermi	ned mo	onner [7	, ,	
		/	1	17	\mathcal{N}^-			IEF MEDICAL	Property (_			
	ACTUAL SIGNATURE		0	ma	Me	$\ell\gamma$	M.D. ASS	SISTA NT MEDI	CAL EXAMI	NER 🔲			27	2. DATE SIGNE	D
	EXAMINER'S	1	lan V	"ah na	127 D 1	7-7-	dollo DEF	PUTY MEDICA	L EXAMINER				11.7	677	
	NAME (Type)			retioe,	M.D., 1	river	uale Ad	dress (Street,					11-7	-01	_
	BURIA. (REMATION BREMOYAN(Ipecify)	711/7	HEREOF	1	Ft. Lir	AETERY OR 1 coln	CREMATORY		Colr	nar N	Xano	or P	(County)	Md.	
	FUNERAL DIRECTOR				ADDRESS			2So REC'D				SISTRAR'S S			_
E	rancis C	lasch's S	ons	Hyat	tsville,	Md.		DATENO'	V 9	1967	$\underline{}$	lian	les &	udge.	1



15852

CERTIFICATE OF DEATH

= 0/1/	71	1.0004	CERTIFICATE	Ur DEAIN	11202
r death	T	PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	USUAL RESIDENCE (Where deceosed lived, if institute o STATE	
vrs afte		b CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RUR	AL and give neorest town)
Pours Pours		Glenn Dale (rural)	2 mos.,3 wks.	£x Washington, D. C.	<i>y y</i> 3
4 2 2		d. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS	a IS RESIDENCE
uted within 24 ho impletely filled in ve carbon popers, event, within 72 to	/	Glenn Dale Hospital		50 N St., N. W.	ON A FARM? YES NO 🔼
with the state of	3	NAME OF First DECEASED	Middle	Lost X X 4. DATE Montl	•
d v lete arb		(Type or print) Alice		arris DEATH II	29 19 67
executed withing the completely formove carbon nony event, with	S	SEX 6. COLOR OR RACE 7.1		3 DATE OF BIRTH 9. AGE (In years lost birthdoy) 59 yrs.	IF JNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
exec emo		F W	IDOWED X DIVORCED		more bols mar.
rie be ex cian ond eose rem and in on	du	o, USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) unknown-retired	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (County & Stote, or foreign country) Virginia	12 CITIZEN OF WHAT COUNTRY? USA
icate b sician pleose I, and i		FATHER'S NAME	diktiowii	14. MOTHER'S MAIDEN NAME	ODA
e death certificate b attending physician permit. Then pleose on, or removol, and i		James Parker		Elizabeth Green	
eath ending nit.	15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO. 17. II	NFORMANT Addre	\$\$
attendi permit. ion, or r		по	579-14-8998 <u>D</u>	ecedent	
quires that the d physician. signed by the att buriot-transit per buriot, cremotion,		CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	er line for (o), (b), ond (c)) Bronchopneumonia		NTERVAL BETWEEN SONSET AND DEATH
trant free cree		443 X IMMEDIATE CAUSE (o) _		vascular accidents with	
physician. signed by buriol-trar buriol, cre		Conditions, if ony, which gave \ 161	left hemiplegia		years
7 2 0 2		rise to immediate couse (0). storing the underlying couse DUE TO		arteriosclerotic cardio-	*******
e low re trending 12 been as the prior to	3	lost. (c) _			years
The off har	5	Diabetes mellitus	IBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO PS
IAN ficot for for for for	CERTIFIC	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED ((Enter nature of injury in Port I or Port It of item TB)	
	, 皇	20c TIME OF INJURY Month, Doy, Yeor Hour'a.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town)	(County) (Stote)
ATTENDING stained by the CTOR: After should be d ith the State		21. I certify that (X) (this hospital) attended the deceased fram	9/6/ , 19 <u>67</u> , ta 11	/29 , 19 <u>67</u> , that %) (we) last
TENI ined JR: A Duld the	5	saw the deceased alive an	11/29/ 19 67, and that	death accurred at 11: 30AM, from causes of	
SPITAL OR ATTENDI 4 may be retained b IERAL DIRECTOR: Aft or, page 3 should b Idbe filed with the St		220 SIGNATURE MUST	Win M.D		22b DATE SIGNED 11/29/67
rat or ray be at DIR page e filed		22c PHYSICIAN S	M 13	22d ADDRESS Glenn Dale Host	oital
OSPITA e 4 may UNERAL scror, po culd be 1		NAME (Type) Moe Weiss,	M. D.	Glenn Dale, Md.	
TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: / director, page 3 should should be filed with the	73	B BLALT-GREMATION, 23b. DATE THEREOF REMOVAN (Speufy) 12-1-67	F 236 NAME OF CEMETERY OR O		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
	2	4. FUNERAL DIRECTOR LINE & SAI F	UNIE 8 DE HELADORESS 816.41.	SVINE 250. REC'D BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE
VR A15 (4)		wosh		DATE DEC 1 1 1967	Charles Judge

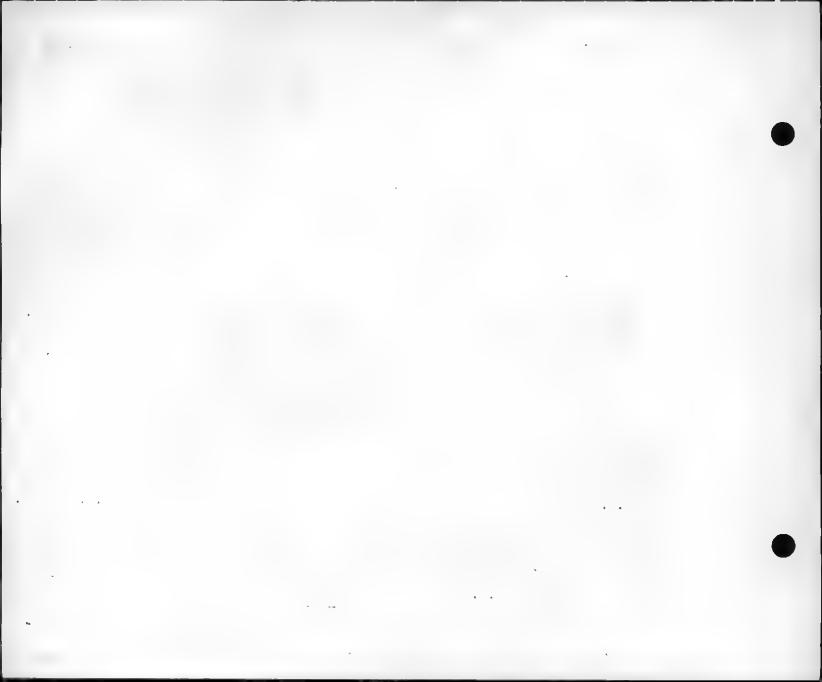


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR :	STATE			MEDICAL EXAM	HMFK.2	EKTIFICATE OF	DEATH		2 20 %	122
EALTH	1 DEPTS		I. P	ACE OF DEATH		2 USUAL RESIDENCE (WI				
2 0 a	(A)		0	COUNTY	MARYLAND	o state Maryland		Prince (COMEO	10
any delay is 1, 2, and 3 to n PM3. Page	, / EAI	/	h	Prince George ts City or TOWN (If autside corporate im ts, c tENGTH OF ST		c CITY OR TOWN (If outs	de cornorate limits w	rite PHRAI and nov	e neorest lov	vn)
in de	E			write RURAL and give nearest tawn)	1			FILE KORAL ONG GIV	c neores	1/ 1
2,2,5	partm	- 1		Cheverly five da	.ys	Landover	Hills		T . 15	RESIDENCE
- 5	-8	74	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)					10	A FARM?
- S/6	State)			Prince George's General Hospital			cford Driv			□ NO [
P ed	15/			AME OF First Middle		Losf	4 DATE OF	Month	Doy	Year
7 e v	, ±		(rpe or print) Robert P.		Harris	DEATH	11	2	19 67
5 <u>9</u>	毛		5 5	6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED X 8.	DATE OF BIRTH	9. AGE (In y lost birth	yeors IF JNDER Months	Doys Ho	JNDER 24 HR
75 C	2×4			male white WIDOWED DIVO	RCED 📋	3-30-59	8	yrs		
24 hours after death. It in Item 18. Give Pages 1 ir's Office aland with Towa	de			SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS O	R	11 BIRTHPLACE (Stote o	r foreign country)	12 CI	T ZEN OF WH DUNTRY?	AT
2 u .v	S -		gurir	most of working life, even if retired) INDUSTRY School		Mar	ryland	Ü	SA	
il i	age s al	ı	13	ATHER'S NAME		14 MOTHER'S MAIDEN NA				
zen Jen ami	9			Robert P Harris sr		Shirley A	Baldwin			
5 T X	= 5	Ì	15.	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N no, or unknown) [(If yes give wor or dotes of service)]	O. 17. IN	IFORMANT		Address		
ute g:g	m Ti		(Yes	no, or unknown) (If yes give wor or dotes of service) none	Rob	ert P Harris	Sr Lan	dover Hi	lls.	Md.
xer odin Aed	bural-transit permit. File gages land 2 with the	1	Î	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)						L BETWEEN
e e e	nt y			PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Contusion &	nd Tac	eration of h	าทลรัก			AND DEATH
595	trail eve	/ i	- 1	1040 DUE TO	ard and	CIGOLOII OL I	71 4321			
wal wal	a a			onditions, it ony, which gove) (b) Skull Fract	nre					
he ta	10 Q			ise to immediate couse (o),	roll O					
1016 1917 1918	as a anii i			toting the underlying cause (c) Trauma.						
AL EXAMINER: This certificate shauld be executed within 24 execute the certificate, writing the ward "pending" in pencil in Page 4 shauld be farwarded to the Chief Medical Examiner's	d a		-	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	DELATED TO T	LE TERM NAI DISEASE CONT	NTION C VEN IN PART	1(a)	[19 WAF	AUTOPSY
ie Ke	use		<u>6</u>		ALLAILU IU II	IT IT WAS THE DISCASE COME	ALION O TEN IN TAKE	1(0)	PERI	FORMED?
his ote	E E		CERTIFICATION	Multiple Pulmonary Emboli OO EXTERNAL CAUSE WAS 1206 DESCRIBE HOW INJUR	V OCCUPATED /	Enter noture of injury in Po		703	YES [2	<u>X</u>] ио [
	골등			PRIMARY IXI or CONTRIBUTING) OCCURRED (I	enter noture of intery in Po	or Lot Folt II of Item	1 18]		
rent	es.		밁.	TAUSE OF DEATH fell at	home		1 201 /51			(6)
te de la	atro	_,	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While	20e PLACI	E OF INJURY (Home, form, by, street, office bldg., etc.)			unty)	(State)
XAI te 1	oge .	10	=	P.M. pm 10-28 19 67 at work at work		ty, street, office bldg., etc.) NOME		ver, P		Md.
MEDICAL EXAMINER: lease execute the certi director Page 4 shauld	P	Ì	- }	21. I certify that I taok charge of the remains described	abave, hel	d an Autopsy 🟋, –	Inspection 🕱,	Inquiry 🔀 ,	and in	my opini
₹ ĕ b	orio			death resulted fram: Natural sauses , Accident	😿, Suick	de 🔲, Hamicide		ned manner 🗌		
EPUTY MEDICA ssary, please ex funeral directar	IRIC a b	- 1	- 1	0 1901		CHIEF MEDICAL E	XAMINER			
트음크	ret.		- 1	ACTUAL GIGNATURE JULY		M_D ASSISTANT MEDIC	AL EXAMINER 🔲			DATE SIGNE
	RA PTK			EXAMINER'S		DEPUTY MEDICAL			11	1-3-67
	슬트를	*	_]	NAME (Type) John Kehoe M.D., Riverdale	e, Mary	land Address (Street,	cty, lown, or county)			
necessary, the funeral	5 may be retained far your files. TO INTERAL DIRECTOR: Page 3 should be used Health priar to burial, cremation, ar removal,		230.	BUR AL, CREMAT PN, 23b DATE THEREOF 23c NAME OF	CEMETERY OR C	REMAINS!	23d LOCATION (Cit	ty or Town)		(State)
= -	7			REMOVAL (Specify) Nov 4, 1967 Ft Line			Colmar M			Md.
VP	A 15ME (5)	4	24	FUNERAL DIRECTOR ADDRESS				256 REGISTRAR S S		
4 44	10/1			R Mechle Sone Huntteville	Mc.	NO	V C toda	1377 F.	0 0	



15854

FOR STATE HEALTH DEPT

.PM3 Page

pending" in pencil in Item 18 Give Pages 1, 2, and 3 ta

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is

necessary, please execute the certificate, writing the ward

5 may be retained far yaur files

TO FUNERAL DIRECTOR: Page 3 shauld be used as a bural trans't perm.t. File pages 1 and 2 with the StatesDepar the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

ment of

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF Item

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15845

	PLACE OF DEATH					Where deceased lived, if it		re befare admission)
(OUNTY	nce George		MARYLAND	o STATE Marvland		county nce Geor	ncale
-		It autside carparate mit		C LENGTH OF STAY IN 16		tside corporate mits, will		
	write RURAL and	give nearest town)	,			Total Tarporaro Atri, Atri		* / *
_	Chever			J DOA	Adelphi			L e IS RESIDENCE
(NAME OF HUSPII	AL OR INSTITUTION (If n	or in haspiral, g	(live street dooress)	d STREET ADDRESS			ON A FARM?
P	rince Geo	orge Genera	l Hospi	ital	9284 Adel	phi Road		YES NO 🔀
	NAME OF	Fi	ırst	Middle	Last	4 DATE	Month	Doy Year
	DECEASED Type or print)	Will	iam	C	Harris	OF DEATH	11	26 19 67
3	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF B RTH	9 AGE (In yea		YEAR IF UNDER 24 HRS
	Male	White	WIDOWED	DIVORCED	7 Sept. 194	last birthdo		Days Haurs Min
10a		(G ve kind of wark done	10h KI	ND OF BUSINESS OR	11 B.RTHPLACE (State			TIZEN OF WHAT
dun	ng most of working	lite, even if retired)	1N	DUSTRY		- 10.0 g 100.11 ,,	COL	UNTRY?
	Burner		l_St	eel	LOhio		US	<u>A</u>
13	FATHER'S NAME				14 MOTHER'S MAIDEN I	NAME		
I	ohn f. H	arris			Dorothy Swa	ger		
		RINUS ARMED FORCES?		SOCIAL SECURITY NO 17	INFORMANT		Address	
' '		(If yes give war or dates	JI Selvice)	87-36-2088	Betty Ann Har	rris 733 She	erman Av	e. Sharon, Pa
-7		EATH (Enter anly one car			2000,	122 122		INTERVAL BETWEEN
		TH WAS CALISED BY		11.11.	ha ala			ONSET AND DEATH
	724 x			shot wound of	Dalck			
П	Canditions, if any	DUE	. , .					
	ase to immediat	p couse (n)	(b)					
П	stating the unde		10					
	last	,	(c)					
z	PART II OTHER ST	GNIFICANT CONDITIONS (ONTRIBUT NG T	O DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CON	NDITION GIVEN IN PART I	(a)	19 WAS AUTOPSY PERFORMED?
ATIO								YES NO T
CERTIFICATION	20a EXTERNAL CA		20b DE	SCRIBE HOW INJURY OCCURREN	(Enter nature of injury in	Part Lor Port Lafitem 1	B)	
8	PRIMARY DO ar CO CAUSE OF DEATH	NTRIBUTING 🗆	Ch.	t be noline	damine amad	mobhamr		
		RY Month, Day, Year	204 16	ot by police of	LACE OF INJURY (Home form	20f (Cty or toy	un) ((a.	unty) (State)
MEDICAL	Haur air	η	While	Not While Ch:	ictory, street, affice bldg , etc.)	(01) 01 01	(000	(5/0/0)
~		11-26-19	67 at war	c Latwark Lyd Ch:	illum Rd. & S	Sargent Rd.	Hyatts	ville, Md
	21. 1 certif	y that I taok charg	e of the ren	na ns describled abave, l	neld on Autopsy 🔲,	Inspect on 🔀,	Inquiry 🔀	and in my opinian
	death result	ted from Natus	al causes	Accident . Su	rade [], Homicide	Undetermine	ed manner 🗀	
		10		1/1/	CHIEF MEDICAL			
	ACTUAL SIGNATURE	1 Ister	14	N 9	M D ASS STANT MED	ICAL EXAMINER		22. DATE SIGNED
		7001	/			AL EXAMINER TO		
	EXAMINER'S NAME (Type)	John Kehoe,	M.D.	Riverdale, M		, cty, tawn, at county)		11-27-67
23n	BURIAL, CREMATIC			23c NAME OF CEMETERY O		23d LOCATION (City	nr Tawn)	(Caunty) (State)
203	Removat			Giroski Fune	ral Home	Farrell	Pa.	11)
24	FUNERAL DIRECTO			ADDRESS			b REGISTRAR'S SI	IGNAT IRE
24	Parent Directo	Gasch's So	ns Hy	rattsville, Mo				a. Onedan
4	- *		0		na na fil	1457	THE RESERVE TO	A Janatah

VR A15ME (5) 6M 1/67

	MARYLAND ST	ATE DEPARTN	IENT OF HE	ALTH	
DIVISION OF STATISTICAL	. RESEARCH AND	RECORDS, 301 W.	. PRESTON ST	TREET, BALTIMORE	1. MARYLAND
9 と O に た		ICIOATE OF		•	3 Car 3 N at

. 1		2,70,50
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
J	PRINCE (-ECRGES MARYLAND	MARYLAND PRINCE GEORGE'S
è	b. CITY OR TOWN (if outside corporate limits L.c. LENCTH OF STAY IN 1)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	
	GREENBELT	GREENBELT
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
)	9102 EDMONSTON Ct.	9102 EDMONSTON CT YES NO NO
	3. NAME OF First MINUTE	1 Last 4. DATE Month Day Year
	OFFICE PARTRIDGE (Type or print) LOUISE PARTRIDGE	HARRON BEATH NOV 24 1967
		B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HRS.
	FEMALE CAUCASIAN WIDOWED TO DIVORCED TO	SEPT 17, 1917 last birthday) Months Days Hours Min.
	1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	during most of working life, even if retired) INDUSTRY	COUNTRY?
	HOUSEWIFE	
	13. FAIMEN'S NAME	14. MOTHER'S MAIDEN NAME
	HILBERT SIDLER	UNKNOWN
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT _ M HARRAN Address SAME AS
	NO UNKNOWN C	ARENCE M. HARRON Address SAME AS
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	is a come to so and beath
	- * AMMEDIATE CAUSE (a) your Collection	between the better
	DUE TO	and of the 9 work
	Conditions, If any, which (b) Chr Cyclottel	201000
	cause (a), stating the DUE TO	'
	underlying cause last. (c)	
	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
Ť	N N N N N N N N N N N N N N N N N N N	YES NO NO
	DR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 2DB. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCU BY CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m. While Not While	ry, street, office bldg., etc.)
	p.m. 19 at work at work	
	21. I certify that (i) (this hospital) attended the deceased from 18	1961, to NOV 27/2, 1961, that (1) (we) last
	saw the deceased alive on Oov 2 4 1962, and that	death occurred at 44M, from the causes and on the date stated above.
	22a. SIGNAPORE	22b. DATE SIGNED
	164 se sum M.D	ATTENDING MED. STAFF 11-24 1967
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) Till Bergemann, M.D.	Greenb elt Professional Building
	23a. BURIAL, CREMATION, 23b. DATE THEREOF , 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City Low) or chanty) (State)
	REMOVAL (Specify)	
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	A A A A A A A A A A A A A A A A A A A	
	INAWACHAMISERS (DO KWERDALE, M	De DATE NOV 2.7 1967 Miliameter, Condate.

VR AI5 (4) 2DM 1/65

4.E



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15858	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	13047						
ľ	PLACE OF DEATH			here deceased lived, if institution. Res	idence before odmission)						
1	o (OUNIY Prince Geor	ge MARYLAND	o STATE Calif	fornia b COUNTY	Com						
Ì	b CITY OR TOWN (If outside corporate in to		c C TY OR TOWN (If outs	side corporate mits, write RJRAL and	g ve neorest town)						
1	write RURAL and give nearest town) Cheverly	22 days	Upland		4						
ı	d NAME OF HOSP TAL OR INSTITUTION (If no	-	d STREET ADDRESS		e IS RESIDENCE						
βź	Prince George	General Hospital	1204 Wir	nston Court	ON A FARM? YES NO T						
Ī		erst Middle	Lost	4. DATE Month	Day Year						
	DECEASED (Type or print)	Warren Glen	Hendricks	OF DEATH	5 19 67						
ľ	S SEX 6 COLOR OR RACE	7 MARR ED NEVER MARRIED 8	B DATE OF BIRTH	9 AGE (In years IF UNI lost burthday) Month	DER I YEAR IF UNDER 24 HRS						
1	M W	WIDOWED DIVORCED	April 24 19	947 20 yrs.	iz nokz lidáliz wili						
	100 USUAL OCCUPATION (Give kind of work done desing reost of working life, even if retired)	10b KIND OF BUS NESS OR 11DUSTRY Army	11 BIRTHPLACE (State of	r foreign country) 12	COUNTRY?						
t	13. FATHER S. NAME		14. MOTHER'S MAIDEN NA	AME	-						
ı	Warren Glen Hendr	ricks Sr.	Lorraine	June (Unknown	n)						
ŀ	15 WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO. 1 17 II	NFORMANT	Address							
	(Yes, no. or unknown) (If yes give wor or dotes o	566-74-3525 R	Records U.	S. Army							
	DUE CONTRACTOR OF THE CONTRACT	(o) Laceration of			INTERVAL BETWEEN ONSET AND DEATH 22 days						
١	rise to immediate cause (a), Stating the underlying cause		Trauma-auto accident								
ı											
	PART II OTHER SIGNIFICANT CONDITIONS CO	CONTRIBUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL D SEASE COND	ITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO 🛣						
	ZOO EXTERNAL CAUSE WAS PRIMARY DO CONTRIBLY NG	206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Po	ort f or Port II of Hern 18)							
	CAUSE OF DEATH	Driver of car			Maryland						
	200 EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH 200 TIME OF NURY Month, Day, Year Hour om 11:50PPm 10-14-19	20d INJURY OCCURRED 20e PLAC While Not While of work Balt	E OF NURY (Home form pry, street, office bldg., etc.). Limore Washi.	,	(County) (Stote) Laurel, P.G.						
1	21. I certify that I taak charge	e af the remains described abave, hel			and in my apinian						
ı	death resulted fram: Natura	al causas 🔲 Accident 🔊 , Suici	de 🔲, 🏻 Hamicide [
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22. DATE SIGNED										
	EXAMINER'S NAME (Type) John Keho	oe, M.D., Riverdale, N	Md . DEPUTY MED CAL Address (Street, o	EXAMINER (23]	1-6-67						
	230 BUR AL, CREMATION 236 DATE THE MANY PROPERTY NOV.	IEREOF 23C NAME OF CEMETERY OR C	CREMATORY	23d 10(ATION (City or Town) Ontario, Cali	(County) (State)						
	24. FHOWARD COUNTY I	FUNERAL Efficott	City 250 NOV	BY REGISTRAR 93 7 256 REGISTRAR							

VR A15ME (5) 6M 1/66



158

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

F DEATH

2	5	2	pittision of	TITLE RECORD	3, 001 H. I KESI	DIE DIRECT, DIETH	1110
)	U	.6		MEDICAL	EXAMINER'S	CERTIFICATE	01

FOR S				MED	ICAL EXAMINER'	S CERTIFICATE (OF DEATH	15848
IEALTH	DEPIT\/		PLACE OF DEATH			2 USUAL RESIDENCE o. STATE		tution Residence before admission)
delay is ond 3 to	5		Prince (MARYLAND		istrict of Co	JUNIY /
dela nd 3 3 Po	men.		 CITY OR TOWN (If outside corporate write RURAL and give nearest town 	mits,	C. LENGIH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write	RURAL and give nearest town)
5° 2		_	Cheve	rlv	DOA		lashington	47-3
E - E	Depar		d. NAME OF HOSPITAL OR INSTITUTION			d STREET ADDRESS	,	B IS RESIDENCE ON A FARM?
eoth. If Poges 1, vith form	ِ		Prince George			50 1 5 Ha	ys St., N.E.	YES NO
ofter deoth. 3. Give Poges olong with to	e St		NAME OF DECEASED	First	Middle	Losi	OF.	onth Doy Year
fter d Give ong w	the	_	(Type or print) SEX 6 COLOR OR RACI	Mannie		Hill	O EPHIN	LI 20 19 67 FUNDER 1 YEAR 1FUNDER 24 HRS
	l ond 2 with er deoth.	,	SEX 6 COLOR OR RACI		= =	8 DATE OF BIRTH	9 AGF (In years lost birthdoy)	Months Doys Hours Min.
hours tem 1 Office	ld 2 eoth	100	USUAL OCCUPATION (Give kind of work)	WIDOWED	IND OF BUSINESS OR	7 May 191		12 CITIZEN OF WHAT
	lon er d		ing most of working life, even if retired)	1 IN	DUSTRY Home			COUNTRY?
n 24 Il in ier s	poges urs offi	13	FATHER'S NAME	12 /	17 HOM	14. MOTHER'S MAIDEN	NAME	413,14,
within pencil xomine	e po		Tohn T. Jo	edad	,	NANA	_	
exe exe	File 2 h		WAS DECEASED EVER IN U.S ARMED FOR	(ES? 16	SOC AL SECURITY NO. 17	INFORMANT		dress
d be executed within 24 d "pending" in pencil in Chief Medicol Exominers	os o buriol-tronsit permit. File poges Tond2 w ond in any event within 72 hours ofter deoth	E (Y	s, no, or unknown) (If yes give wor or do	ites of service)		BESSIE	Trewart -	Deirel
e execute pending" of Medico	¥.¥		18 CAUSE OF DEATH (Enter only on	couse per line for	(o), (b), and (c).)			INTERVAL BETWEEN
be "pe	burial-tronsit any event		PART I DEATH WAS CAUSED BY: IMMEDIATE CA	LUSE (o)	Peritor	itis fr.		ONSET AND DEATH
	e e		0120	DUE TO				
e sho the w to th	an		Conditions, if any, which gave)	(b)	Bilater	ral ileo psoa	is abscesses	Unknown
	10 =		stating the underlying couse	DUE TO				
vrificot writing rworded			last.	(c)				19 WAS ALTOPSY
WTC	used ovol,	NO.	PART I OTHER SIGNIFICANT CONDITION	W2 CONTRIBUTING	TO DEATH BUT NOT RECATED T	O THE TERMINAL DISEASE CO	MOTITION G VEN IN PART I(o)	PERFORMED?
This cate, be f	be emc	E E	200 EXTERNAL CAUSE WAS	70. 00	SCRIBE HOW INJURY OCCURRE	D. (Enter not us of in a p. in	Part or Part II of story 19 1	YES 🔀 NO 🗌
Certific auld b	yaur files. Page 3 should be used cremotion, or removol,	L CERTIFICATION	PRIMARY or CONTRIBUTING CAUSE OF DEATH.	200 00	DOKIDE HOW INJUST OCCURRE	o (ciner northe of micry in	ron or ron il ot lieln 16)	
M IN	1 fil	MEDICAL	20c TIME OF INJURY Month, Doy, Ye Hour o.m.	or 20d II While		ACE OF INJURY (Home, for octory, street, office bldg., etc		(County) (State)
XAI ife t	yau Page rem	E	p.m.	19 of wor	k 🔲 ot work 🔲			
xec.	OR: I		21. I certify that I took ch					iquiry 🔀 👝 ond in my opinion
JICA se e ctor	E E E		deoth resulted from. No	turol couses	d, Accident 1, S	uicide		monner
pleas	retained L DIRECT or to bur		ACTUAL SIGNATURE	7/1	2./Tes	CHIEF MEDICAL	DICAL EXAMINER	22. DATE SIGNED
10 DEPUTY MED necessory, please the funeral direc	FUNERAL I		EXAMINER'S NAME (Type)	Kehoe, M.	D., Riverdale	h 10/17/1	AL EXAM NER (3)	11-21-67
TO D nece	TO FUNE	230		25-67	23c NAME OF CEMETERY OF	OR CREMATORY	23d LOCATION (C by or	Town) (County) (Stote)
VR A	15ME (37)		FUNERAL DIRECTOR	. (ADDRESS	250 REC	NUV 27 1967	REGISTRARS SIGNATURE



15858

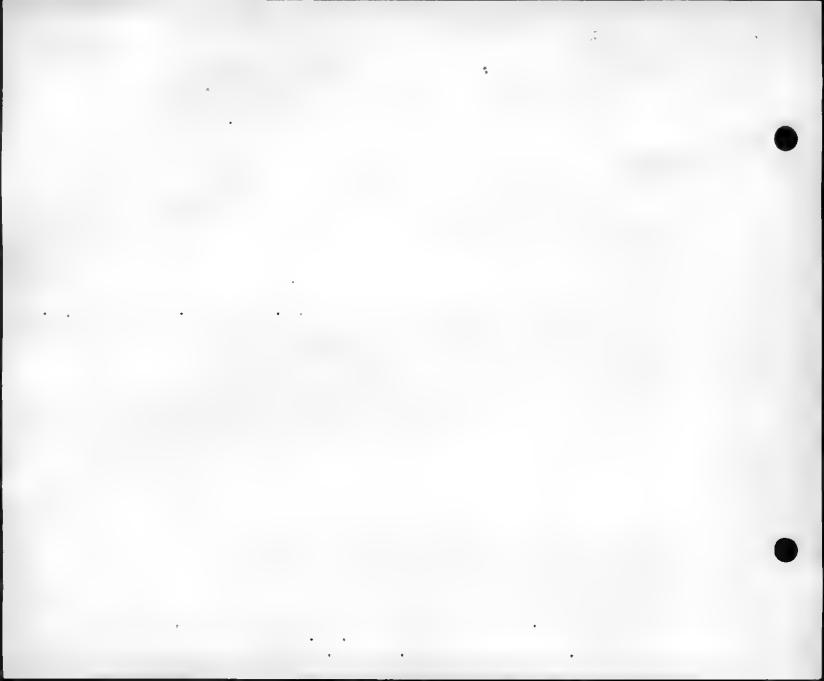
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

- 1												
		LACE OF DEATH					2. USUAL RESIDENCE	Where deceosed lived			fore odmissi	on)
	0	. COUNTY P1	rince Georg	е		MARYLAND	o STATE Dowe	11. Md.	P COUNTA			
- 1	Ь		If outside corporate limits		c LENG	GTH OF STAY IN 16	c. CITY OR TOWN (If a		write RURAL	and give near	rest town)	
		write RURAL and	d give nearest town)	,		days	JI .	-00. J.)(~				
	d	NAME OF HOSPIT	AL OR INSTITUTION (If no	nt in hospital a			d STREET ADDRESS	J. 70%	() () () () () ()		e IS RESII	DENCE
-			ew Gardens			*	4701 Stu	ant Iana			ON A F	ARM?
	0. 1				Çalı							NO X
	D	AME OF ECEASED		rst T I m m mm = n	1	Middle	Lost	4 DATE OF	Month		ογ Ye	
ŀ	S. S	ype or print)	Charles	Henry		Hinchliffe	N DATE OF DISTU	DEATH I	lovembe	er 27 IF UNDER 1 YEAR		67
	3. 3		6. COLOR OR RACE	7 MARRIED	-	IEVER MARRIED	8. DATE OF BIRTH	81 at		Months Days		Min
		M		WIDOWED	Agreement .	DIVORCED	5-30-86		-			
	10e duru	USUAL OCCUPATION	(Give kind of work done life, even if retired)		ND OF BI Dustry	USINESS OR	11 BIRTHPLACE (Count	y & State, or foreign cou	ntry}	12. CITIZEN COUNTRY	OF WHAT	
		Brickla	ayer		ZOTKI		Engla	nd		COUNTRY		
- 1	13.	FATHER'S NAME				·	14. MOTHER'S MAIDEN	NAME				
		Henry	Hinchliffe				Ann Wa	rd				
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SE	ECURITY NO 17	INFORMANT		Address			
	(1es	, no, ar unknawn)	(it yes give wor or dates o	II SBIVICE A			Virgil J. H	inchliffe	Son	, Dowel	11 Md.	
ŀ	7	18. CAUSE OF DI	EATH (Enter only one cou	se per line for	(o), (b)	ond (c) }					NTERVAL BET	
			TH WAS CAUSED BY: IMMEDIATE CAUSE	Como		ive Heart	Failure			(ONSET AND D	DEATH
	- [2//	DUE	10/								
	- 1	Conditions, if ony	, which gave)		onai	ry Pulmana	1					
-1		rise to immediat	e couse (o), (
		stating the unde	riving couse	(c) En	phys	sema						
	ŀ	PART II OTHER SI	GNIFICANT CONDITIONS C				THE TERMINAL DISEASE CO	INDITION GIVEN IN PA	RT I(n)	1	9 WAS ALT	OPSY
2	CERTIFICATION	,,,,,,		-	0 0 0 0 1 1 1 1	-	THE SECURITY PRODUCT CO				PERFORM YES	NO 🔲
١.	[일	20o ACCIDENT WA	CHMDEDIVING F3	201- 000	CDIDE U	OW INTERV OCCUPATE	(Enter noture of injury in	Part I or Part II of a	nm 10)		163	ио П
		OR CONTRIBUTING	CAUSE OF DEATH	200. 01.	CKIDE II	OW INJUNI OCCURRED.	(cuter words or relaty in	FULL OF FOIL OF OF	etti ib j			
			MEDICAL EXAMINER)	T 70 L IN	HIPV OF	CUIDED Too ou	of of builder to	T 205 (C-b		(f = . = k.)		(CA . A .)
	MEDICAL	Hour o.s		While	JURY OC		ICE OF INJURY (Home, for tory, street, office bldg., etc.		r town)	(Kenney)		(State)
	٦,	p.s		of work	<u> </u>	ot work						
	-1		fy that (I) (this has		ed the	deceased from _	10-2	1967, to_// t_// 56M, fram	-37	_, 1%7,	that (1) (we) las
			eceased alive an_	11-27	+	_19 <i>6</i> _7_, and the	it death accurred a	M, tram	causes on			d above
	- [220. SIGNATURE	100	, 0	\rightarrow		ATTENDING -	MED. S	TAFF	22b. DATE SIG	GNED	
	į.	(_	upped	116	$Z_{\mathcal{L}}$	20cm M.	D. PHYS.	DIRECTOR L P	HYS. L			
		22c. PHYSICIAN S NAME (Type)		2-7	0	1 nom	22d. ADDRESS	Call	17000	11 m	0	
Ĺ			112- 16-	60	<i>//<</i>	1-110/10	10,					
1	230	BURIAL, CREMATIO	ON, 23b. DATE THE		1 .	NAME OF CEMETERY OR		23d. LOCATION	'	,	**	State)
		REMOVAL (Specify		, 1967	Oh	ritt Episc	onal Church	Pemetery	, Olir	iton, M	d	
\ [ONERAL DIRECTO				ADDRESS Wash	2So REC	D BY REGISTRAR	2Sb REG	TRAR'S SIGNAT	VIII CO	٤.
	Sí	nmons Br	os.Funeral	Home-1	661-	-Gd. Hope I	RD. SE DAT NO	OCI E A VI	1	-,-	10	



HEA

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15850
EALTHIDERT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution, Res	idence befare admission)
2 to 8 12		o COUNTY Prince George MARYLAND	o. STATE b COUNTY	rince George
delay and 3 M3. Pe		b CITY OR TOWN (If outside corporate miles, C LENGTH OF STAY IN 16	c CITY OR TOWN (f outside corporate mits, write RURAL and	
		write RURAL and give nearest town) Cheverly DOA	Bowie	16-1
E ~	-	NAME OF MOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
form P. I only		Prince George General Hospital	316 Maple Ave.	YES NO TO
		NAME OF First Middle	Lost 4 DATE Manth	Day Year
after death 8. Give Page along with t with the Stat		DECEASED (Type or print) Agnes M.	Hinton OF DEATH 17	20 19 67
after 18. Giv along with 1	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (n years FUNI last birthday) Month	DER 1 YEAR IF UNDER 24 HRS
75 a 18. 18. 2 w 2 w		F Negro WIDOWED DIVORCED	9 Sept 1934 33 yrs	
i hours after deoth tem 18. Give Pag Office along with lond 2 with the Speries of	100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
	W	ng most of working life, even fretired) Altress-Cook	Maryland	
hin 24 nol In miner's poges urs offe	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
within 24 hours penal in Item 18 xaminer's Office a le poges lond 2 v hours offer death		William Thomas	Mary Brooks	
tr Est	15	and a second sec	INFORMANT Address	
executed name in its manage in the manage in the manage is writhin 12 within 12 within 12 manage in the manage is writhin	,,,		Mary Henry-mother	
e shauld be executed the word "pending" in to the Chief Medical E. burial-transit permit, F in any event within 72.		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))		INTERVAL BETWEEN
be "pu huef huef dansi		PART 1 DEATH WAS CAUSED 8Y MMEDIATE CAUSE (0) Subarachn	oid hemorrhage	ONSET AND DEATH
the word "per the word "per to the Chief I b burial-transit in any event I		DUE TO		
sho e w o th		Conditions, if any, which gave (b) Trazima		
d the difference of the differ		stating the underlying cause		
s certificate shauld be executed within 24, writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's used as a burial-transit permit. F le pages noval, and in any event within 72 hours ofter		lest (c)	THE TERMS AS A SEASE COLD THOSE OF MEN IN DARK 1/-1	19 WAS ALTOPSY
This certi cate, writ be forwa be used removal,	No.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART I(U)	PERFORMED?
en en	CERTIF CAT ON	200 EXTERNAL CAUSE WAS 200 DESCR BE HOW NURY OCCURRE	(Enter nature of injury in Part I or Part II of item 18.)	YES SO NO
and deline	E	PRIMARX € ON TRIBUTING □		
CAL EXAMINER: execute the certif or Poge 4 should d for your files. CTOR: Page 3 should urro, cremotion, or	R	CAUSE OF DEATH Fell at home s	LACE OF NJURY (Hame form, 20f (City or town)	(State)
ute the ce age 4 shou yaur files Page 3 sho	- GW	Hour am Marketing Marketing	octory, street, affice bidglietc)	()
EXA ute yate yate ren				Be and in my aninian
MEDICAL E lease exect director Po stained for DIRECTOR: to burlo, o		21 I certify that I took charge of the remains described above,		x ond in my opinian
Se exector I ctor I cto		death resulted from. Natural courses [], Arcident [] Su	vicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER	
MEDICA please e director retained DIRECT or to bur		ACTUAL DE COMPANIE	- MID ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
JTY NIY, pl		SIGNATURE SIGNATURE	THE PERIOD OF THE PERIOD OF	11-21-67
SSOR SSOR SSOR SSOR SSOR SSOR SSOR SSOR		EXAMINER'S John Kehoe, M.D, Riverdale	Address (Street, city, town, or county)	
he the	23	BURIAL CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY O		(County) (State)
TO DEPUTY I necessary, pl the funeral c S moy be re TO FUNERAL I	Ві		emorial Park Maryland	
VR A15ME (5)	2	FUNERAL DIRECTOR CONTROL TO SLOW AD RESS.	2SG. RECD BY REG STRAR 2Sb REGISTRAN	S SIGNATURE



15851

15850

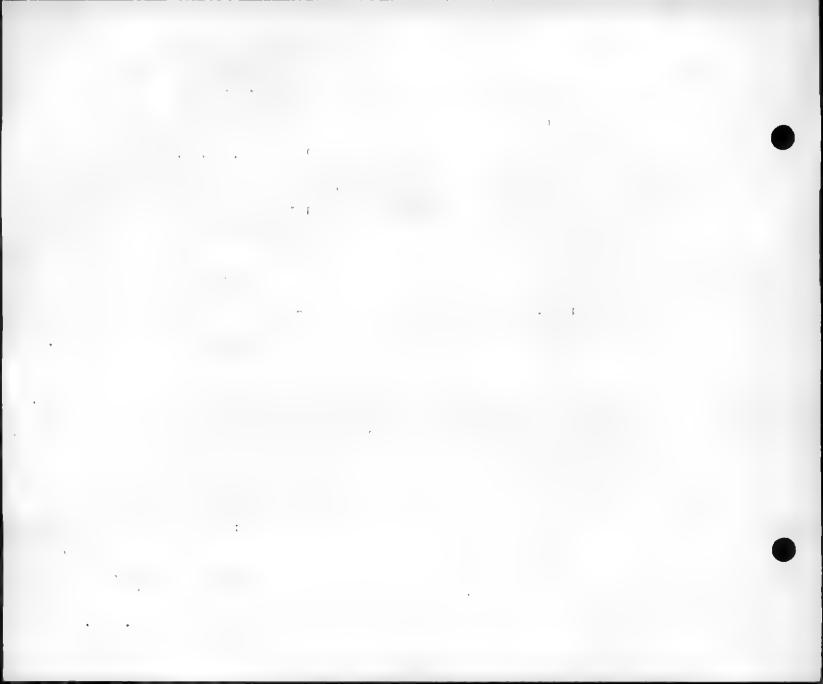
CERTIFICATE OF DEATH

		CERTITI	CAIL	OI DEATH							
1 PLACE OF DEATH				2. USUAL RESIDENCE	(Where de	ceased lived			ce before	edmissio	in)
o. COUNTY Prince Geo	rose	MARYL	ΔMD	o. STATE	D. C.		b. COUN	TY		C	
b. CITY OR TOWN (If outside corporate lim		LENGTH OF STAY IN		CITY OR TOWN (IF		porate limits	, write RUR	At ond give	neorest	town)	
write RURAL and give nearest lawn)	13	10 dans		,						4-	
d NAME OF HOSPITAL OR INSTITUTION (IF		19 days		Washing d. STREET ADDRESS	REOR				1 6	IS RESID	YENEF
Glenn Dale Hospit		siidei oodioss)		1416 R	St	N. W				ON A FA	
	First	Middle		Lost	T 4 DA		Mont	1	Doy	Yeo	ar
DECEASED (Type or print) E1m	0.75	Y	Ua	11owell	OF DE	ATH	11		18	196	7
S SEX 6 COLOR OR RACE		sebaratec		DATE OF BIRTH		9. AGE (n years	IF JNDER I		IF UNDER	
Male Negro	WIDOWED	DIVORCED		4/1/1929		38	irthdoy) yrs	Months	Doys	Haurs	Min
10a USUAL OCCUPATION (Give kind of work don		F BUSINESS OR		11 BIRTHPLACE (Coun	ty & State, o	s foreign cou	ntry)		ZEN OF	WHAT	
during most of working life, even if retired) Truckdriver	INDUST	RY		Indiana				Col	UNTRY? USA		
13. FATHER'S NAME	1		Ï	14. MOTHER'S MAIDER	N NAME						
Clate Hollowell					Laur	a Rid	lev				
15. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16 5001/	AL SECURITY NO.	17. IN	FORMANT	A-GI	to Italia.	Addre	SS			
(Yes, no, or unknown) (If yes give war or date:	s of service)			Decedent	g _a						
yes 1947-194		-24-4893		Deceden	L				DATE	RVAL BET	MEEN
18 CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:	, , , , , , , , , , , , , , , , , , , ,	1 1 1 1 1	.b 1	damen dame						ET AND D	
/ IMMEDIATE CAUS	- (-)	0318 01 1	ine i	iver, dece	ompen	sated			4 11	105.	
	JE TO										
Conditions, if any, which gove a rise to immediate cause (a),	(b)						 -				
stating the underlying cause DL	JE TO	4 - a11	11.						20		
lost	(c) Chron	ic alcoho	olism	1						yrs	
PART H. OTHER SIGNIFICANT CONDITIONS					CONDITION	GIVEN IN PA	RT I(o)			WAS AUTO PERFORM	
alcoholic cardiom	yopathy w	ith cong€	estiv	re failure							NO X
₹ 200 ACC DENT WAS UNDERLYING □	20b DESCRIB	BE HOW INJURY OCC	CURRED (Enter noture of injury i	in Port For	Port II of it	em 18.)				
S OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
alcoholic cardiom 200 ACC DENT WAS UNDERLYING 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20d INJURY	Y OCCURRED :	20e. PLAC	E OF INJURY (Home, fo	orm 2	Of (City o	r town)	(Cou	inty)	(Stote)
Hour o.m.	While of work	Not While of work	focto	ry, street, office bldg , e							
21. I certify that (4) (this ha	spital) attended	the deceased f	rom	10/30/	19 67	to	117	18/19_	6 / th	ot (75 (1	we) las
saw the deceased alive an_	11/18/	19 <u>_67</u> , ar	nd that	death occurred o	17770	AM, from	causes (obove
220. SIGNATURE	Mur		M.D	ATTENDING PHYS	MED. DIRECTO	R 🔀 S	TAFF _		TE SIGNE 1/18		
22c. PHYSICIAN S		-		22d. ADDRESS				pitel			
NAME (Type) Moe Wei	ss. M. D.				Glen	n Dal n Dal	e, Md	+			
230 BUR AL, CREMAT ON, 236 DATE I		3c NAME OF CEMET	FRY OR C	REMATORY		LOCATION			(County)	15	tote)
REMOVAL(Specify)						ndove	, ,	r. Ge		Md	iotel
24. FUNERAL DIRECTOR	24. 1967	Harmony	Cem	etery	C'D BY REC			GISTRAR'S SI			
THE STATE OF THE S	0 - /							COY L			
Dery March	41	124 15	Just	f/e that \	122	1967	1 Ken	CINCIO	1	11	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. the funeral d in b TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fift director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pashould be the with the State Dept. at Health priar to burial, cremation, ar removal, and in any event, within

2 hou

VR A15 (4) 25M 1/67



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

63	CERTIFICATE	OF	DEATH

		S									
1	PLACE OF DEATH							sed lived, if instituti		fare admissio	n)-
	o COUNTY	PRINCE	GEORG	E MARYLA	ND I	o STATE Di	strict	t of 684	umbia	2	
	b CITY OR TOWN (If outside carparate	limits.	c LENGTH OF STAY IN		E CITY OR TOWN (If outside corpar	ote limits, write RUF	RAL and give nea	rest town)	
Н	write RURAL and	give nearest tawn)	5 years	6	Washi	ngton			-	
-				I, give street oddress)		d. STREET ADDRESS				e IS RESIL	DENCE
	Carroll	Manor-	4922 L	a Salle Roa	be	222	Varnus	n Street	;	ON A FA	
	NAME OF		First	Middle		Last	4 DATE	Mont	-	3 P	ōt.
	DECEASED (Type or print)	A	nna	Christi	na	Horan	OF DEATH	, 11		3 6	7
S	SEX	6. COLOR OR RAC	E 7 MARRIE	D NEVER MARRIED	□ 8	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	R IF UNDER	R 24 HRS
	female	white	WIDOWE	D IVORCED		12-15-18	382	igst withday)	Months Day	2 10012	Min
100	. USUAL OCCUPATION	(Give kind of work	done 10b	KIND OF BUSINESS OR		11 BIRTHPLACE (Ca			12 C TIZEN		
dui	ng mast of warking Housewi	te, even it refired)		INDUSTRY		Washir	igton,	D.C.	COUNTR	15.	
13.	FATHER'S NAME					14. MOTHER'S MAIL	DEN NAME				
	Ren iam	in Hell	vard			Maye	Saute	er			
15	WAS DECEASED EVE	R IN U.S. ARMED FOR	CESS 1	6 SOCIAL SECURITY NO	17.	NFORMANT		Addre			
(1	es, no, or unknown)	(it yes give war or a		none	Si	ster Eli	abeth	492	22 La S	Salle	Rd
-		EATH (Enter only on		for (a), (b), god (c).)	_)	4			INTERVAL BET	
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE C		relin	LL	caly	o an	At and	4	ONSET AND D	DEATH
	. ~ <	IMMEDIATE C	DUE TO	1-11			//	1 /	1	in 9	191
	Conditions, if any,		(b)	myrez			U			Chin	1-10
	rise to immediat stating the under		DUE TO	7 .	/	0		1 1	7 6	76.	7
	lost.	Tring tause	(c)	stern C) CE	une	ger	ronly	7 17	-H71	940
_	PART IL OTHER SI	GNIFICANT CONDITION	ONS CONTRIBUTIN	G TO DEATH BUT NOT RELATE	ED TO T	HE TERMINAL DISEASE	CONDITION GIV	EN IN PART (a)		19. WAS AUTO PERFORM	DP\$Y
ATIO											NO E
CERTIFICATION	20a ACCIDENT WA		205.	DESG RIBE HOW INJURY OCCL	JRRED. (Enter nature of injury	y in Port I or Po	nt II of item 18.)			
		CAUSE OF DEATH MEDICAL EXAMINER		my							
MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Ye				E OF INJURY (Hame,		(City or town)	(County)	((State)
MEE	Hour a.r	π. n.	19 Ot v	rile Not While at work	facto	iry, street, affice bldg.,	, etc)				
	21. I certi	fy that (1) (this		ended the deceased fr	am J	11 119	419	ta 2011	1967	that (I) (we) la
		eceased alive a		10 1967, an	d that	death accurred	at 24	M, fram causes	and an the a	late stated	l abav
	220 SIGNATURE		-	1 11.		ATTENDING A-	MED.	STAFF	225 DATE S	IGNED	/ 0
1	WIRA	gruler	Mo	afonds	M.D	. PHYS	DIRECTOR	PHYS.	m	196	7/
	22c PHYSICIAN'S NAME (Type		//	m/n	11	22d. ADDRESS	11 17	1 miles	h	01	5
L	MARKE (17the	HIRAG	Rulen	11/201/00	12/1	1/5	BRY	1 /0/1	1/4-1	1/4	
23	 BURIAL, CREMATIC REMOVAL Specify 		TE THEREOF	23¢ NAME OF CEMETE	RY OR C	REMATORY		OCATION (City or To	, ,	,,	itate)
	Burlal	111-	14-67	Arlingto	n N			lington		ginia	
	FUNERAL DIRECTO		DEV D	ADDRESS M	020	7	REC'D BY REGIST		GISTRAR'S SIGNA		
£	CODELT B	TOPIEL	INC I g E	ethesua, M	CLL Y	LELLU DATE	MAN T T	1007 0	21/20050	1	400

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DATE NOV 1 7

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haurs after death ID HOSPITAL OR ATTENDING PRYSICIAN! The low requires that the death certifinate be exempted within 24 haurs after in by the **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplefely filled director, page 3 should be detached for use as the burial-transit permit. Then please remave carbom-page should be filled with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Tem #23c Film#6 CERTIFICATE OF DEATH 15862 PLACE OF DEATH 3 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission Prince Georges District of Columbia MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn)

Cheverly c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 15 3 days Washington e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d STREET ADDRESS Prince Georges General Hospital 1829 O Street, SE YES | NO 4. DATE 3. NAME OF First Middle Lost Month Year Doy DECEASED (Type or print) E. Harriet Nov. Howard 6 1967 DEATH IF JNDER 24 HRS. 5 SEX AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost thday) Months Days Hours Female White WIDOWED DIVORCED Jan 20 1884 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
ROUSEWITE 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign Country) NDUSTRY Domestic Mass. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Stratton Ellen Hartley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (If yes give wor or dates of service Same as Earnest C. Howard (Husband No 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO XX 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF IN. JRY Manth, Day, Year 20d. INJURY OCCURRED (City or fown) ((county) (State) factory, street, affice bldg., etc.) Hour Ta.m. Nat While 196 Z, and that death occurred of 1967 196", that (1) (swe) last 21. I certify that (1) (this shespited) attended the deceased from M, from causes and on the date stated above. saw the deceased alive_an__ 22o. SIGNATURE 22b. DATE SIGNED M.D DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Leon R. Levitsky. 3408 Rhode Island Ave. Mt. Rainier, Md. NAME (Type) 23a BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) APPENETERY - Suitland, Maryland N**ov:** 8th.1967 24 FUNERAL DIRECTOR 25d REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE

1661- Gd. Hope Rd.SE. Wash.,DC

TO FUNERAL DIRECTOR: directar, page shauld be filed VR A15 (4) 25M 1/67

death.

within 72 haurs after

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Page 4 may be retained

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Simmons Bros.

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physician on please

signed by the burial-transit

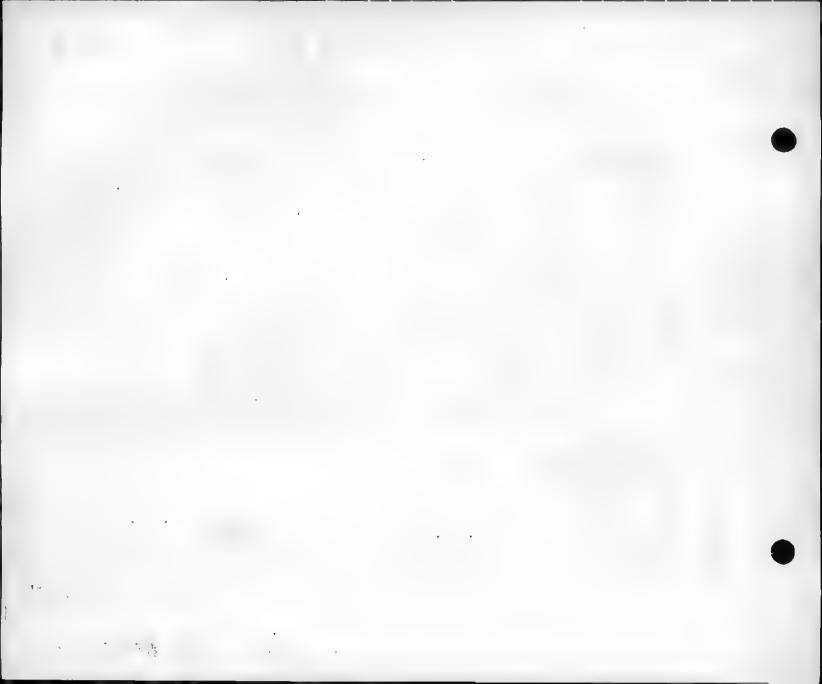
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.



15863

CERTIFICATE OF DEATH

M 2 :	2	CENTIFICATE OF BEATT	
	E.	1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission))
	7	O COUNTY Prince Georges MARYLAND Maryland O: STATE Maryland Prince Georges	
by the for	3	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)	
Pag th	4	write RURAL and give nearest town) Cheverly -DOA- Hyattsville	1
2 3 2	B	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d. STREET ADDRESS e IS RES DET	
physician. signed by the ottending physician and completely filled—in buriel-fronsit permit. Then please remove corbon papers burial, cremation, or removol, and in any event, within 72 h	1751	ON A FAR	M?
輕量	1.1	Prince Georges General Hospital 3900 Hamilton St. YES No. NAME OF First Middle Lost 4. DATE Month Doy Year	
V So W		DECEASED DE	7
col	3	(Type or print) 2 2 3 6 (OLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 2	
CONT	6.	Attar 22 1873 lost birthdoy) Months Doys Hours	Min.
nd rem	7	Female White WIDOWED TO DIVORCED 194 VIS 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT	
se se	~3	during most of working life, even if retired) INDUSTRY	
Sicio	1	Housewife own home Paryland Des A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
phy en evol		Thomas Mann Mary L. Wilmer	
e Page	7		
or r	7 /	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 220-54-0361-J1 Anne M Hoyle Hyattsville, Mid.	
offe on,	2		FEN
the sit	1	PART I, DEATH WAS CAUSED BY ONSET AND DEA	
by by repr	1	WHATCHAIL CAUSE (U)	
sicilial de la company de la c	_ }	Conditions, if ony, which gove)	
the signal	3	rise to immediate couse (a), (b)	
trending as been as the prior to l	2	stoting the underlying couse (c) Coron ony anti-room conse	
end s be	1/1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP	SY
교육왕운	The state of	PERFORMED)? 0 /esk
ospital or certificate hed for u	41	SO ACC DENT WAS LINDERLYING TO 20th DESCRIBE HOW INVERY OCCURRED (Fater nature of injury to Port 1 or Port 1) of stem 18.)	XX
音音音を		E OR CONTRIBUTING □ CAUSE OF DEATH THE FITHER, NOTIFY MEDICAL EXAMINER)	
	. 3	20c. TIME OF INJURY Month Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (County) (St	ote)
the h this detoc	3	Hour o m. White Not White foctory, street, office bldg .etc)	
oy be Start	8	pan. Of work CD of work CD	ak last
Hed A	3	21. I certify that (I) (this hospital) attended the deceased fram	above
CTOR: A Should with the	3	220 SIGNATURE 22b DATE SIGNED	
, 5- <u>uu</u>	1	220 SIGNATURE Cin (3 Comers M.D ATTENDING 1 10055PM STAFF DIRECTOR	/
RAL DIR RAL DIR Page pe filed	13	22c. PHYSICIAN'S 22d. ADDRESS 3 56 3 PER ST	
Page 4 may TO FUNERAL I director, pag	1		
E C C	1-7	230 BUR AI, (REMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY Chestertown Kent (County) (Story Chestertown Kent (Specify) Md	te)
20-5)	Burial Nov 25, 1967 Chester Cemetery	
VR A15 (♣	D	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE	
25M 1/67		F Gasch's Sons Hyattsville, Md. Macri 1967 Charles Judge	



]			
FI HE,	O F A L	t S	T	J.	E.
TO DEFERTY MEDICAL MANNIER: This certificate should be executed within 24 hours after death of any delay is min	1, 2, and 3 ta	ryn PM3 Page		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trans! permit. File pages Tand 2 with the State Department of	Y
er death	3.ve Pooes	ng with fa)	h the State	
haurs oft	Item 18 (Office ala		land 2 with	er death
within 24	n penclin	Exam ner's		File pages	2 haurs afte
e executed	pending" ii	of Medical		s.t permit.	nt within 72
shauld by	he word	ta the Chie		bur.al-tran	n any ever
certificate	, wr ting t	orward∎d		used as a	aval, and i
ER: Thre	certificate	auld lie f	es.	hould be	n, or remo
I I I A MIT	ecute th⊠	Pagm 4 sh	ar yaur fil	R: Page 3 s	I, crematia
" EUICAL	please ex	I director	retainIId f	L DIRECTO	ar ta buria
TO DEPUTY	■ecessary,	the funera	5 may be	TO FUNERAL	Health priar ta burial, crematian, or remayal, and in any event within 72 haurs after death

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Items 18&21 Film 396 1-9-FMARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-5264

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
o county Frince George's MARYLAND	o. STATE B. COUNTY Marvland Frince George
b CITY OR TOWN (If autside carporate limits, C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Suitland 44 days	Hillcrest Heights
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS e IS RESIDENCE
	ON A FARM?
Regent Mursing Home	2329 Fairlawn Avenue YES NO X
3 NAME OF First Middle DECEASED	Lost 4 DATE Month Doy Year
(Type or print) Martha	Huffman Death 11 3 19 67
S SEX 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED	8 DATE OF BIRTH 9 AGE (n years IF JNDER 1 YEAR FUNDER 24 HRS tost brithday) Months Doys Hours Min
female white w bowed DIVORCED	5-24-97 70 yrs
10a USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHP_ACE (State or foreign country) 12 CITIZEN OF WHAT
during most of working life, eyen if retired) INDUSTRY	GERMANY GERMANY
13 FATHER'S NAME	14 MOTHER'S MA DEN NAME
GUSTAN JEBE	LAURA TESCHEMNCHER
(Yes no or unknown) Iff was any wor or dates of samusa)	0 1 -00 M: V 1 7209 165 AVE
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE (AUSE (o) Undetermined	
DUE TO	
Conditions, if any, which gove (b) (b)	
stoting the underlying couse DUE TO	
kist. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)
(o)	PERFORMED? YES [X] NO
200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED PRIMARY Or CONTRIBUTING	(Enter noture of injury in Port I or Port I of term 18)
PRIMARY Or CONTRIBUTING	tems notice of injury at contract to the to,
	of of mil by the set of a life of a
	CE OF INJURY (Home, farm, 20f (City or lown) (County) (State ory, street, office bldg., etc.)
p.m. 17 of wark L_1 of work L_1	
21. I certify that I taak charge of the remains described above, he	eld an Autopsy 🟋 , Inspection 🟋 , Inquiry 🟋 , and in my opiniar
death resulted from Natural causes X, Acydent X Suic	ide , Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.D. ASSISTANT MED CAL EXAMINER
EXAMINER'S	DEPUTY MEDICAL EXAMINER X
NAME (Type) John Kehoe M.D., Riverdale, Mary.	land Address (Street city, town, or county)
230 BURIAL CREMATION 236 DATE THEREOF 230 NAME OF CEMETERY OR	
REMOVAL (Specify) 11/7/67 (edar Hill (r	rematory Pr. Geo Lo M.
24 FUNERAL DIRECTOR ADDRESS	MILLU 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATUR
It 111/4/ to 100 & 5027. 91	May 9 1967 Octionles Julie



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral s 1 and 2 frer death requires that th≡ death certificate be executed within 24 liaurs after d≣ath 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission . PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY MARYLAND g physician and campletely filled in by the CITY OR TOWN (if autside carparate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) WASH. DC XATT SVILLE d STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) 821 Emerson St. YES NO C 4. DATE 3. NAME OF DECEASED Nav. UNNICLH 19 67 OSEPHING DEATH (Type or pnnt) AGE (In years IF JNDER I YEAR IF UNDER 24 HRS. S SEX 8. DATE OF BIRTH 6 COLOR OR RACE **NEVER MARRIED** last hirthdo.) Manths signed by the attending physician and ca burial-transit permit. Then please remay burial, crematian, ar remaval, and in any a DIVORCED 12 CIT ZEN OF WHAT IDb. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done **COUNTRY?** during most of wirker. INDUSTRY WA5 H. D Retired sales Hinn Co 13. FATHER'S NAM! 14. MOTHER'S MAIDEN NAME HAA5 JOSEPHINE 55 E CJEP 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, na. ar unknown) (If yes give war ar dates of service) ANTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH T-ANITION Alid IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO 3 months Canditians, if any, which gave rise to immediate cause (a), DUE TO ted far use as the top. It, af Health prior to b stating the underlying cause has been last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 2Do. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Hame, farm, (City or town) (County) > (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Haur a.m. Nat While at wark at wark 19 57, to NOV 21. I certify that (1) (this haspital) attended the deceased from while 19 6.2 that (1) (we) last Page 4 may be retained saw the deceased alive an NON 10 1967, and that death accurred at 2:16 PM, from causes and on the date stated abave. 22b. DATE SIGNED 22a, SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. 22d. ADDRESS

KSt. N.W

23d. LOCATION (City or Town)

Suitland.

(County)

2Sb REGISTRAR'S SIGNATURE

1746

Cemetery

2Sa. REC D BY REGISTRAR

23c NAME OF CEMETERY OR CREMATORY

Cedar

director, shauld VR A15 (4) 20 M 1/66

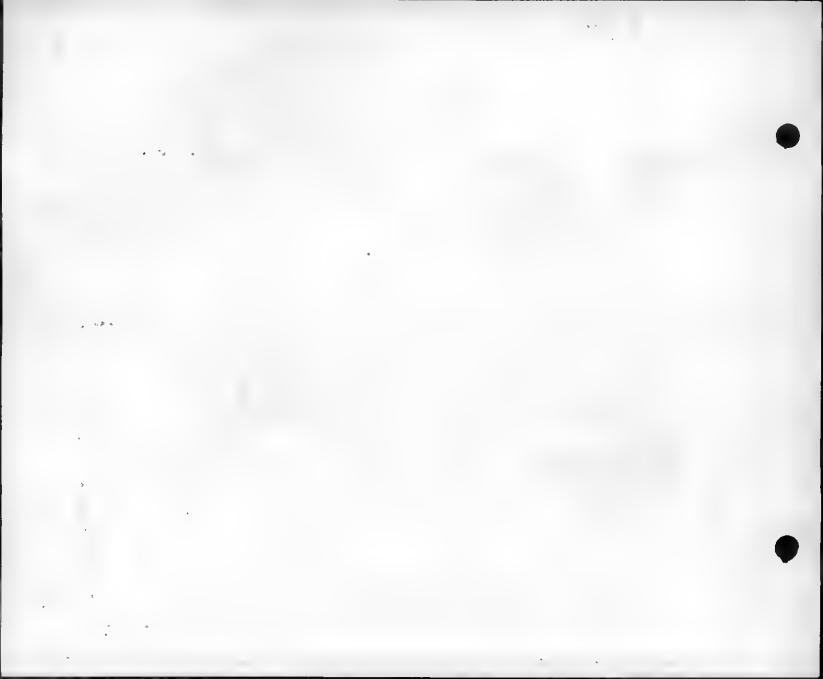
22c. PHYSICIAN'S MAME (Type)

23g, BURIAL CREMATION.

24. FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

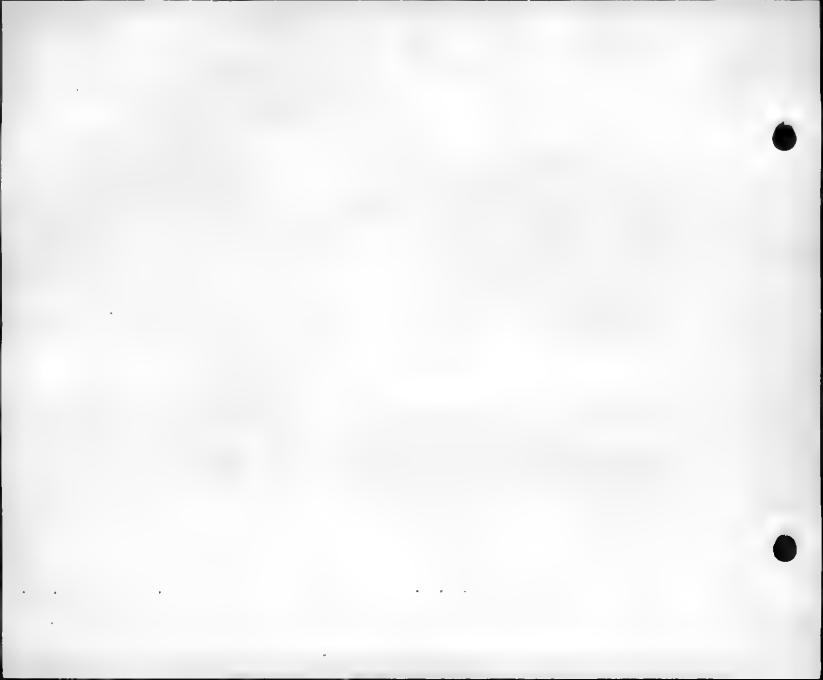
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CERTIFICATE OF DEATH

15357

	1. PLACE OF DEATH						2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)						
	C	. COUNTY PX	ince George	e¹s	MARYLA	ND	o. STATE Md		b. cou	Pro	Geo		
	b	b CITY OR TOWN (If autside carporate imits, write RURAL and give nearest town)			c LENGTH OF STAY IN 16		c CITY OR TOWN (If a	autside carpar	ate limits, write RU	RAL ond give	nearest tawn)		
		Cheverly			28 days		Hyatts	ville,	Md.		4 .	,	
,,			AL OR INSTITUTION (IF n				d STREET ADDRESS	T 00			e IS RESI		
4	Prince George's General Hospital					3704	Jeile	rson st		YES 🗌	NO DX		
	Ę	NAME OF DECEASED (Type ar pant)		tha C I	Middle ssing		Last	4 DATE OF DEATH	Nov 24		Day Ye	Gf .	
	5. 5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9 AGE (In years	IF JNDER 1		R 24 HRS.	
	f	emale	White	WIDOWED	DIVORCED		Dec 11, 18	396	lost 7 (hday)	Manths	Days Hours	Min.	
		ng most of working	N (Give kind of work dane tite, even if retired) Susewife	IN	ND OF BUSINESS OR DUSTRY LOTICE		11. BIRTHPLACE (Count Brooklyn	N Y	reign country)		ZEN OF WHAT NTRY?		
	13.	FATHER'S NAME	John Bu				14. MOTHER'S MAIDEN	NAME Rose W	eik				
	15	WAS DECEASED EVI				17 1	NFORMANT		Addr	nee			
	(Yes	s, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates	of service	07 5976A		spital rece	ahea	Cheverly				
						ho	Sprear rece	01.00	Onever 13	, riu.	INTERVAL BEI	DATEM	
		PART 1 DEA	EATH (Enter anly one co TH WAS CAUSED BY-		(a), (b), and (c),	1	(tou come	1em f	4		ONSET AND I		
		10%	IMMEDIATE CAUSE Due		X		0		- 47				
		Canditians, if any	, which gave }	(b)	as con on	ad	15 nea	rt					
		rise to immedial stating the unde						the second					
		last.)	{c}									
+	ATION	PART II OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	TO DEATH BUT NOT RELATE	ED TO 1	THE TERMINAL DISEASE CO	ONDITION GIV	EN IN PART I(a)		19 WAS AUT PERFORM YES	OPSY NO X	
	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCU	JRRED.	(Enter nature of injury is	Part I ar Pa	rt II of item IB)				
	MEDICAL	20c TIME OF INJ Hour a. p.:	10	20d II While at war	Nat While		CE OF INJURY (Hame, for ary, street, affice bldg., etc		(City or town)	(Cour	ity)	(State)	
	_ [21. I certi	fy that (I) (this ho	spital) attend	ded the deceased fr	am	10:13.		10 // 2 3	, 19 <u> C</u>	1 that (1) (we) last	
			eceased alive on_	1/7.3	19 <u>Ç)</u> , an	d that	death occurred a	D.20A	1 from couses			abave.	
		220 SIGNATURE) Dei	12		M.E		MED DIRECTOR	STAFF PHYS	22b DA1	E SIGNED		
Н		22c PHYSICIANS NAME (Type		D- (4-)	M D		22d. ADDRESS					1	
			riditon		M. D.		Prince G				ville,	Md.	
	23a.	BUR AL, CREMATI REMOVAL (Specify Burial	on, 23b date the Nov 27.		Ft Linco				OCATION (City or To Lar Manor			State)	
1	24.	. FUNERAL DIRECTO		2001	ADDRESS			'D BY REGIST	RAR ZSb R	EGISTRAR S SIG	NATURE_		
			F. Gasch's	Sons	Hyattsvill	e. l	id. DATE	NOV 2	7 1967	filear	to Jus	ge,	

TO FULERAL DIFECTOR: After this certificate has been signed by the attending physicion and completely filled in by the furnical director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 bound be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. 10 NOIPITAL OR ATTENNINE INVSICENT: The law requires that th≡ death certificate be executed within 24 hours after Pass 4 may be retaines by the hospital or attendins physician VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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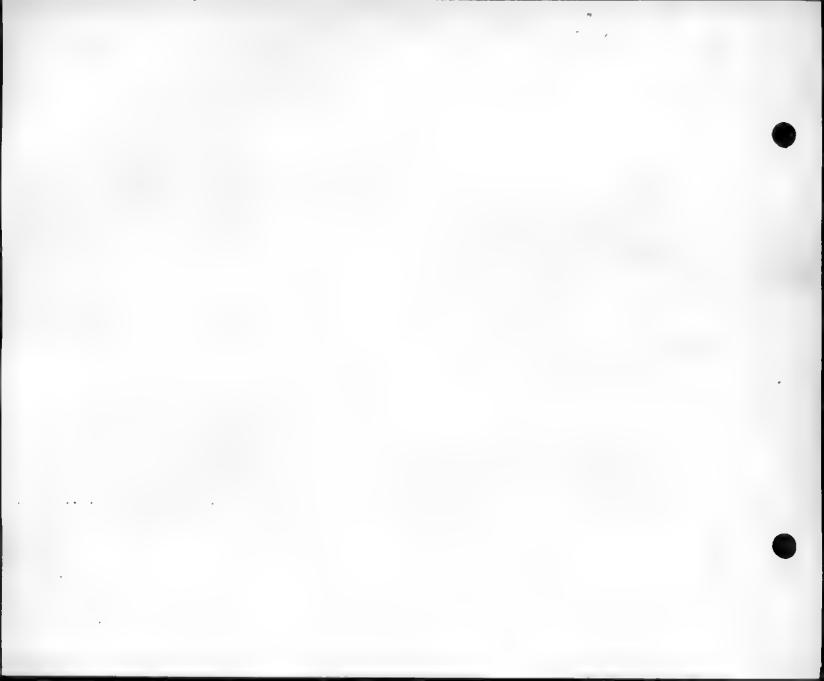
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1000
HEALTH, DERT.		ed, if institution. Residence before own ssion)
1, 2, and 3 to	o COUNTY Prince George's Maryland STATE Maryland	b COUNTY Prince George's
Am B	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) C LENGTH OF STAY IN 1b C C TY OR TOWN (If outside corporate my write RURAL and give nearest fown)	ts, write RURAL and give nearest town)
2, and 2, and part ne	write RURAL and give nearest town) Riverdale Bladensburg	
1, 2, on Personal Per	Riverdale 6 hours Bladensburg d NAME OF HOSP TAL OR INSTITUTION (If not in haspitol, give street oddress) d STREET ADDRESS	e IS RESIDENCE
星点 题 / 3	1 40	ON A FARM?
ges de to		YES NO
hours after death If them 18 Give Pages 1, Office along with form 1 and 2 with the State De r death.		Nov 12, 1967 19
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d v in	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service)	Address
in i	(If yes give wor or dotes of service) Edward F. Johnson B1	adensburg, Md.
Mec With	IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	INTERVAL BETWEEN
be 'pe 'pe ief ins't	PART I DEATH WAS CAUSED BY Subdural Hematoma	ONSET AND DEATH
무무한 부족	7 93 3 DUE TO M	
har we the ony	Conditions, if ony, which gove) (b)	
te s the the in p	rise to Immediate couse (a), Stating the underlying cause DUE TO	
fical ing ded and	lost (c)	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death If necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 shauld be used as a burial-trans't permit. File pages I and 2 with the State Defined the prior to burial, cremation, ar remayal, and in any event within 72 hours after death.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN II 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH Unknown 200. TIME OF INITIES Month Day Year 200 N. RY OCCURRED 200 PLACE OF NURY (Home, form) 201 (City)	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
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AMI the the aur aur imat	Hour a m White Not While of work of work of work of work of work	
CAL EXA execute ar. Page d far ya TOR: Pag	21 I certify that I took charge of the remains described above, held an Autopsy x, Inspection	Inquiry x, and in my opini
741 exe exe TOR 1 fa	death resulted from: Notygal couses , Accident , Suicide , Homicide , Undete	
MEDICA ilease ex director. etained DIRECTO	CHIEF MEDICAL EXAMINER	
plec dir to Dil	SIGNATURE MO ASSISTANT MEDICAL EXAMINER [22. DATE SIGNE
ny, ny, ny, be be prio	EXAMINER'S JOHN Kehoe M. D. Rivendale Md. DEPUTY MEDICA. EXAM.NER	11-13-6
fun dy dy dy life h	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or con)nty)
TO DEPUTY MEDICAL necessary, please exite funeral director. 5 may be retained fit TO FUNERAL DIRECTO! Health prior to burian	230 BURIA, CREMATION / 23b OATE THEREOF 23c NAME OF CEMETERY OR SEPREMATORY VIENNE Burial Vienna	N (City or Town) (County) Va (State)
NO. 4 1545 151	24 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR	25b REG STRAR'S SIGNATURE
VR A15ME (5) 6M 1/67	F. Gasch's Sons Hyattsville, Md.	7 Plines Just



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15863

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE		1000) <u>(</u>)	MED	ICAL EXAM	INER'S	CERTIFICATE	OF DEATH	156	359
HEALTH DEPT		F DEATH				1		CE (Where deceased lived		nce before admission)
⊼ 5 8 A A I	0. COUN	inco	George's		A.	IARYLAND	o state Maryl	and	b. COUNTY	George's
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0 5 +-	write	RURAL and	give nearest town)	-1					,	
any		everl	Y L OR INSTITUTION (If n	at to be a little	nine ho	urs	Brand d. STREET ADDRESS	ywine		/ C
F D 1 44			,		,					e. IS RESIDENCE ON A FARM?
_ = = -			George's G					29-C Floral		
Part	3. NAME (F	rst	Middle		Last	4. DATE OF	Month	Doy Year
after death. 3. Give Page alang with with the start	(Туре аг		Mar		-Flizet		Johnson	DEATH	11	4 1967
afte o ma iii	S. SEX		6. COLOR OR RACE	7 MARRIED	NEVER MAR	RIED 🔲 8	DATE OF BIRTH	9. AGE (I	In years IF UNDER	1 YEAR IF UNDER 24 HRS
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INER: This certificate Thould be executed within 24 haurs after deather exertificate, writing the word "pending" in pencil in Item 18. Give Pageshauld be farwarded to the Chief Medical Examiner's Office along with files. 3 shauld be used as a burial-transit permit file pages Land 2 with the office in any event within 72 hours after death.	during mast	OCCUPATION of working I	(Give kind of wark dane ite, even of retired)		IND OF BUSINESS O NDUSTRY	R	D. Const	tate ar foreign country)	12 (1	OUNTRY?
thin 24 mod in miner's pages urs affe	13. FATHER	S NAME	0110		1.1	j	14. MOTHER'S MAID	EN NAME	a.	
1 w thin n pencil Examinet File page 2 hours a	7	lich	and D	ucke	2tt		Marga	ret Hau	uKins	
executed in Medical Exemit Fi			R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY N	1	IFORMANT /	1.6.00.00	Address San	200
d be execute rd "pending" Chief Medica transit permit	10.6	Mar of Dr	B. W16 (C.)	17 6	43.03 1433	Pr	eslon u	ohnson	Jan	
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Inould be e ne word "per ra the Chief ! burial-fransit n any event s	6	11	DUE	10						
Thou we wo the the any			which gave)	(b)						
the d ta	stating		lying couse DUE	10						
entificate should writing the word warded to the Classed as a burial-trial, and in any ev	last		,	(c)						
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INER: 1 shauld b files. 3 shauld files.	CAUSE	OF DEATH			shot by			7 T === (5		
he she she she after aft	<u> </u>	Hour a.m	RY Manth, Day, Year		NJURY OCCURRED	ZDe. PLAC	E OF INJURY (Hame, ry street affice blda	form, 2012 (City o		(State) · (Yinuc
EXAMINER: cute the certiage 4 shauld ryour files. Page 3 shaul crematian, a	1:5	Opm pm	11-4 19	67 While	hat While of work	XI driv	eway of B	ox 369, Bra		P.G., Md.
AL EXAMINA execute the r Page 4 sh I far your fil rOR: Page 3:	21.	I certify	r that I took charg	e af the rei	mains describ <i>g</i> o	abave, hel	d an Autapsy [, Inspection 🗶	Inquiry X,	and in my apinian
MEDICAL Enlease exected a rectar Pastained far DiRECTOR: ta burial, o	de	ath result	ed fram: 🦯 Natur	al couses fa	Accident	, Svici	ie 🔲, Hamio	ide X Undeter	mined manner [
MEDIC please I directa retained DIRECT			11.1	1	0 12		CHIEF MED	ICAL EXAMINER		
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JTY TY, be BAI Price	EXAM		//	-				DICAL EXAMINER		11-6-67
o DEPUTY MEDICAL necessary, please exective functal director. P. 5 may be retained far o FUNERAL DIRECTOR. Health priar to burial,	NAME	(Type) Jo	kn Kehoe M	.D., R:	iverdale.	Maryl	and Address (S	treet, city, tawn, or count	γ)	
o D D I the The Heal	23a. BUR1/	L, CREMATIQ			23c NAME OF	EMETERY OR C	REMATORY	234 LOCATION	(City or Tawn)	(County) (State),
5 = + 2 E	KILLIR	VAL (Specify)	/ // //	-67	St. Tho	mas C	h. Cem.	Brande	1Wine	K.G. Md.
VR A15ME B	24 FUNER	AL DIRECTO	2	-	ADDRESS		200 250	REC'D BY REGISTRAR	2Sb REGISTRAR'S	SIGNATURE
6M 1/67	111	note	Ob Alda	mai	Claud	200,1	Id. DATA	INV 1 / 1967	Blean	la Judar



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CERTIFICATE OF DEATH

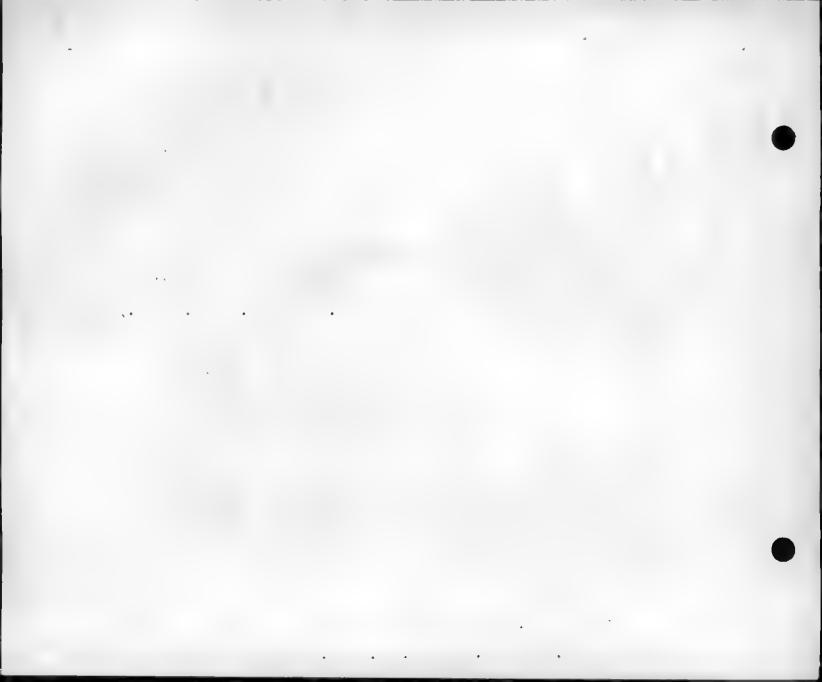
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ours afterd by the/f filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban pages shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after eleath

CERTIFICA	t OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)
o COUNTY P. G. MARYLAND	STATE 2 Palmer STATE PG
b. CITY OR TOWN (If outside carparate limits, C. LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)
-C18 John 114 160	Oxon HILL md.
d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e. J. RESIDENCE ON A FARM?
Regent hussing Home	1002 - palmer Road & Z VIS [NO 18
3 NAME OF PIRST Middle	Last J 4 DATE Manth Doy Year
(Type or pnnt) CLOUDIC H.	20162 DEATH / 1901
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last burthday) Manths Days Hours Min
WIDOWED DIVORCED	3-11-08 59 15
100. USUAL OCCUPATION (Give kind af work done during most af working life, even if retired) [NDUSTRY	11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY?
Truck druger Refused his gov.	Usqua US
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address
(Yes, ng, of upknown) (If yes give wat ar dates of service)	Same as
	rs. Lucille D. Smith. (Dau.) #2
T8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY HAMBOIATE CAUSE (a) OR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	nom & fosis
	77 (*) ANT AC 7**(1 57 5*
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y delay is , and 3 ta PM3. Page

in pencil in Item 18. Give Pages A

This certificate shauld be executed within 24 haurs after death

the fumeral director. Page 4 should be farwarded to the Chief Medical Exammer's Office along with/farm

necessary, pleass exacute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

VR A15ME :

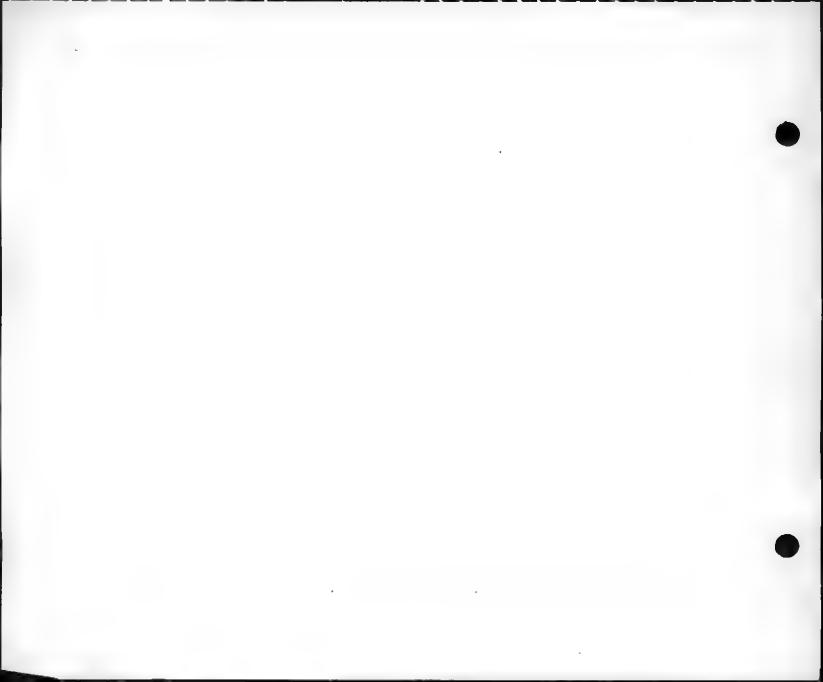
5 may be retained far your files.

**TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health at its designated agent, priat to burial, cremation, or remayal, and in any event within 72 hours after aeath

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13661 45070 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

L	- C C 7 C				
	PLACE OF DEATH			Vhere deceased I ved, finst tution Reside	nce before admission)
'	Prince George's	MARYLAND	o STATE Maryland	b COUNTY Prince Geor	rge te
	CITY OR TOWN (If outside corporate I mits,	C LENGTH OF STAY IN 16		tside corporate limits, write RURAL and gir	
	write RURAL and give nearest town) Cheverly	2 hrs	Hvattsvill		¢.
	NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, of		d STREET ADDRESS		e IS RES DENCE
-	mines Connec Common Harm	447	4003 D:	- Dani	YES NO X
	rince George General Hosp	Middle	6801 Rigg	S HORD Month	
	DECEASED			OF	
5	Type or print) Mary EX 6 COLOR OR RACE 7 MARRIED	Alice	Jones B DATE OF BIRTH	9 AGE (n years F UNDER	12 19 67
3 .	The state of the s	<u></u>	B DATE OF BIKIN	lost birthday) Months	Days Hours Min
	emale White WIDOWED	DIVORCED	12-7-1900	66 yrs	
		ND OF BUSINESS OR	11 BIRTHPLACE (Stote		ITIZEN OF WHAT
	Housewike	Reterol	Jenn		U.S.H.
13.	FATHER'S NAME		14. MOTHER S MAIDEN N	IAME /	
	Samuel Lamon	e e	Tertha.	, THyant	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.5 s, no, or whknown) (If yes give wor or dotes of service)	OC A. SECURITY NO 17 1	NEGRMANT	Addyes	7, 1
[76	s, no, or dikinowity in yes give wor or doles of service)	6	knest Nav	ul sonce / rement	Tedorick, md.
	18. CAUSE OF DEATH (Enter only one couse per line for	(o), (b), and (c))			INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hear	t failure			ONSET AND DEATH
		riosclerotic h	anat diagon		
	Conditions, if ony, which gove) (b)	L'IOSCIELOCIC II	eart urseas	3	
	rise to immediate couse (o), (pur vo				
	stoting the underlying couse (c)				
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT DELATED TO 1	THE TERMINAL DISEASE COM	D.T. Carl Children, at DACT. (a)	19 WAS AUTOPSY
NO.	FACT II OTHER STORIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT KELATED TO	THE TERRENAL DISEASE CON	ID I ON GIVEN IN FART (0)	PERFORMED?
CERTIFICATION	200 EXTERNAL CAUSE WAS 20h DE	COLDE COM MILION OCCUPATO	· · · · · · · · · · · · · · · · · · ·	2	YES NO
R	PRIMARY ☐ or CONTRIBUTING ☐	SCRIBE HOW INJURY OCCURRED	(Enter nature at injury in I	Part I or Part II of Item 18.]	
	CAUSE OF DEATH				
MEDICAL	20c TME OF INJURY Month, Doy, Yeor 20d IN Hour o.m. While		IE OF NJURY (Home, form ory, street, office bldg, etc.)		ounty) (Stote)
×	p.m. 19 of work		ory, street, annea blag, etc.)		
	21. I certify that I taak charge of the rem	ains described obove, he	ld an Autapsy 🔲,	Inspection 😿 , Inquiry 😿 .	and in my opinion
	death resulted from Natural causes	Accident , Suice	de , Hamicide	Undetermined manner	
		1/ -1	CHIEF MEDICAL		_
	ACTUAL SIGNATURE TO THE MENT MAN	erp	M.D. ASSISTANT MEDI	CAL EXAMINER	22. DATE SIGNED
		M = 1.3	DEDUTY MEDICA	E EXAMINER 🔀	22 20 /0
	NAME (Type) John Kehoe, M.D.	Riverdale, M	Cl. Address (Street,	, city, town, or county)	11-13-67
230	BUR AL CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)
	REMOTAL (Spec Py) 100 15 1967	askury	emelery	Daretow, Cal	verto, ma.
24	FUNERAL DIRECTOR	D ADDRESS MY	11: ISO RECE	BY REGISTRAR 256 REGISTRAR S	SIGNATURE
(Jilly Thekness &	Zerof def /jepus	ELC, THE DATE NU	V 16 1361 1100	les Judges
		, ,	F F F F F F F F F F F F F F F F F F F		17 17



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15882

PLACE OF DEATH Q. COUNTY Prince Georges	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
MARYLAND	o STATE Md 6. COUNTY
b. CITY OR TOWN (If autside carparate innits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Forestville	Washington, D.C. / /
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
7420 Marlboro Pike The Regent Nursing Home	112 65th St. S.E. YES NO
3 NAME OF First Middle	Last 4 DATE Manth Doy Year
(Type or print) Allastasios har	avange Los DEATH 1967
The state of the s	8 DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 MRS. North Property P
	0/10/92 75 yrs
10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 10b KIND OF BUSINESS	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired Restaurant owner	Greece U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marcos Karavangelos	Unknown
(Yes, no, or unknown). (If yes give war at dates of service)	NFORMANT Address
	na Karavangelos same as #2
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6)	eadfal infaction in the b.
Conditions if any which agus >	orlenz disense Hym
nse to immediate couse (o),	compassing Tym
stating the underlying couse (d) Advanced	A.S.C.V.N.
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	
200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. OF CONTRIBUTING CHECK SHOW A STANDARD PERFORMED?	
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part 1 or Part II of Item 18.)
Hour'a.m. While Not While fact	CE OF INJURY (Home, form, ary, street, office bldg., etc.) 20f (C ty ar tawn) (Caunty) (State)
p.m. 19 at wark 1 at wark 1 21. I certify that (I) (this hospital) attended the deceased from _	July, 1961, to Nov. 6, 1967, that (1) (we) last
	t death accurred at 7:00 PM, from causes and an the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
T. Fosiper Coules M.	
22C. PHYSICIAN'S T.JOS. WEBER	3230 PENNA AVE, SE.
230 BUR AL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d .OCATION (City or Town) (Caunty) (State)
burrial 11/9/67 Glenwood C	emetery Washington, L.C.
24 FUNERAL DIRECTOR The S.H. Hines CADRESSany	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
2901 14th t. N.W. Washington. L.	C. NOV 9 1967 Missely Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers—Pages 1 and 2 shauld be filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs ofter defined. TO NOSPITAL OR ATTENDING POYNICIAM: The law requires that the denth certificate by executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

> VR A15 (4) 25M 1/67



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	5	ZN:	112	J.L	

_		
	PLACE OF DEATH)	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	o. COUNTY MARYLAND	o. STATE D. G. COUNTY & G.
Н	b CITY OR TOWN (If outside corporate triples, C. LENGTH OF STAY IN 15	c CITY OR TOWN (If autside carparate limits, write RURAL and give project town)
	write RURAL and give nearest tayn)	
	daurel	alunel 1000 order
	d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS e IS RES DENCE ON A FARM?
\$	323 Man street	323 / Kan Sheet YES NO D
	NAME OF First Middle	Lost 4. DATE Month Day Year
	OFCEASED (Type or print) FLORENCE MURTLEK	ELLER DEATH Jan 6 1967
		B DATE OF BIRTH 9 AGE IN LEGEL IF UNDER 1 YEAR IF UNDER 24 HRS.
	F W WIDOWED A DIVORCED A	last b.rthdoy) Manths Days Hours Min.
100	JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRAMPRACE (County & State, or foreign country) 12. CIT ZEN OF WHAT
	ing mast of working life, even if retired) INDUSTRY	COUNTRY?
	Co-owner news agency	Mayland OSA
13.	FATHER S JASME	14 MOTHER'S MA, DEN NAME
	Dengamen Deall	Cra Smith
15.	. WAS DECEASED EVERTING. ARMED FORCES? es, no, or unknown) (III yes give wor or dates af service)	NFORMANT) Address Address
[16	//	R Killer Tayet In
	18. CAUSE OF DEATH (Enter on y one cause per line for, (a), (b), and (c).)	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	9NSET AND DEATH
	MMEDIATE CAUSE (a) COLONIANT DUE TO	Grown I January
	Conditions of any which agus > I Bo one of her	Ctt 10000 1 5000
	rise to immediate cause (a), DUE TO	Chillian State on S fine
	stating the underlying cause	D-400 11. 1621
	lost. (c) Apple leiza	me c-V/K-Mis , 10gh
×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS JUTOPSY PERFORMED?
CERTIFICATION	mely piotetry	YES NO
IEI		(Enter nature of injury in Port I or Port 11 of item 18.)
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3		CE OF INJURY (Home, form, 20f (City ar tawn) (County) (State)
MEDICAL	Hour o.m. While Not While factor	ary, street, affice bldg., etc.)
	urwark C3 trwark C3	0/17 10 7/2 10/7/1-/10/
	21. I certify that (I) (this haspital), attended the deceased fram	1927, that (I) (we) last
		t death accurred at 3/2 M, frash causes and an the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF
	A-M/M/aren M.	
	22c. PHYSICIAN S NAME (Type)	22d. ADDRESS
	- ING TO LOCAL	1 of cultic prox
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR C	CREMATORY 23d. LOGATION (City or Town) (Caunty) (State)
1	Survey 11- 9-67 St Man	is Cem Paul Md.
24	4. PONERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE
K	Vell, IT, Handlown Rainel	my nate NOV 13 1967 Williamles Judge

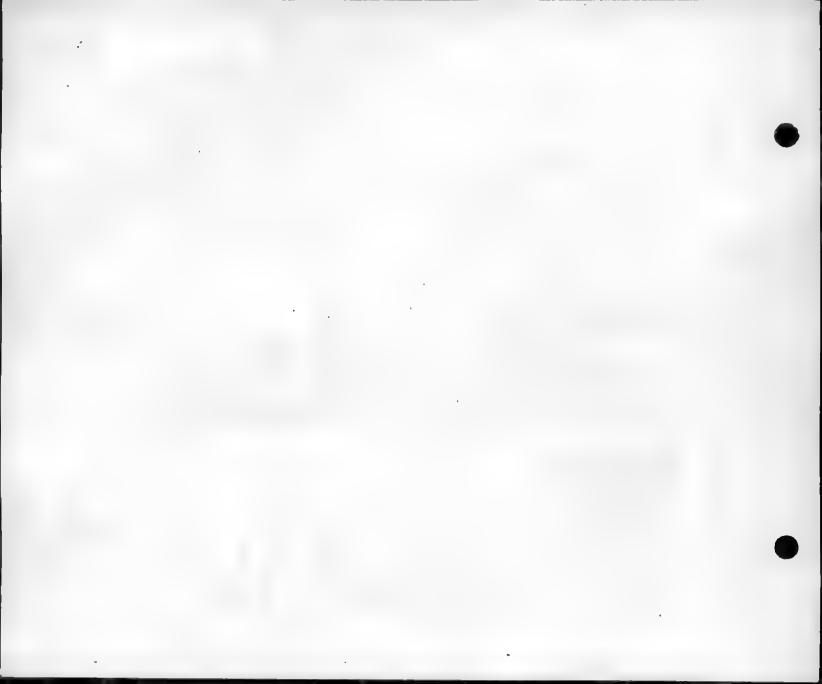
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page I may be retained by the hospital or ottending physicion.

VR A15

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove corbon pages. Pages Yand should be filled with the State Dept. of Health prior to burial, crematiall, or removal, and in any event, within 72 hours after dect



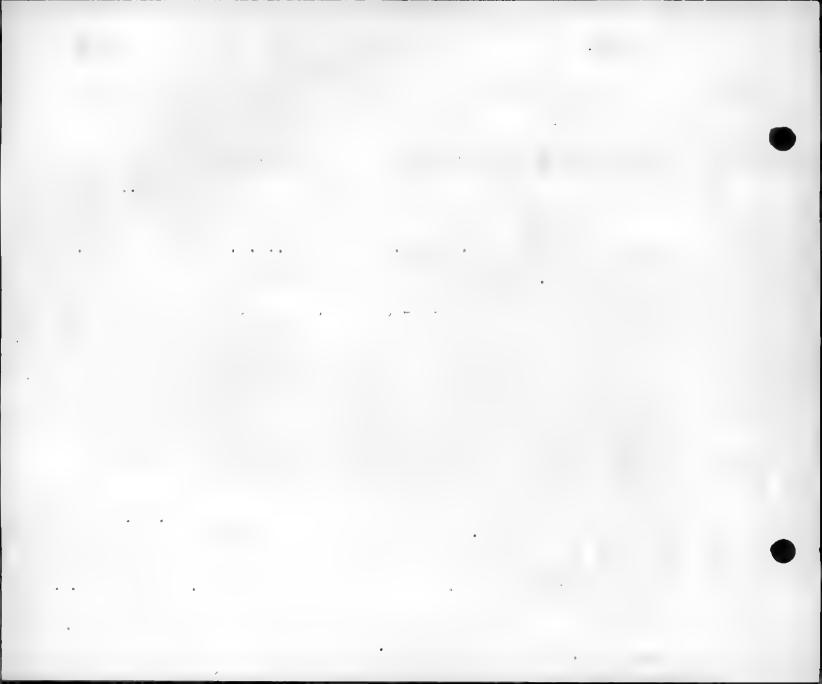
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		70010	CERTIFICATE	OF DEATH	*				
ľ		PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (V o. STATE	Where deceased lived, if institution b. COUNT				
L		Prince Georges	MARYLAND	Maryl	and Pr	inceGeorges			
	ŀ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	CCITY OR TOWN (IF OU	tside corporate limits, write RURA	AL and give nearest town)			
4		Chevelry	22 days	Green	belt	, , , ,			
¥	d	Chevelry d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?			
		Prince Coorges Coners	l Hospital	8477_	Clendale Road	YES NO E			
-	3 1	NAME OF First	Middle	Lost	4. DATE Month	Doy Year			
-		DECEASED (Type or print)	77 -	1	OF DEATH NOW	22 19 67			
ŀ	5. 5		MARRIED NEVER MARRIED 8	SS 10 Y DAYE OF BIRTH	9 AGE (In years	IF JNDER 1 YEAR OF UNDER 24 HRS.			
-			- L	DATE OF BIRTH	fost biethdoy)	Months Doys Hours Min			
	_1	Male White W	IDOWED DIVORCED	_11_June_19	10 57 Yrs				
		USJAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (County)	& State, or foreign country)	12 CITIZEN OF WHAT			
		ng most of working life, even if retired)	U.S.Govt.	Wash., D.	C	COUNTRY?			
ŀ		RATICO C	0.00000			U.D.A.			
	13.			14. MOTHER'S MAIDEN N					
		James B. Kess!	Ler	Kate	Dixon				
	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 IN	FORMANT	Addres	5			
-	(78	s, np, ar unknown) (If yes give wor or dotes of servi	577-22-0 5 45 Mr	s.Faith W	. Kessler (s	above address)			
-	_			(Wife	100000000000000000000000000000000000000				
-		3B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY.		("ITTO	,	INTERVAL BETWEEN ONS LAND DEATH			
-		IMMEDIATE CAUSE (o)	Acute Peritonitis			1840			
-	- 1	5 / 6 X DUE TO							
-	- 1	Conditions, if any, which gove) (b)	Bronchopneumonia,	hilateral		2 Daws			
-1	- (use to immediate couse (a), DUE TO	BI OHEHOPHE GHONITA,	DITACCIAL		5,30-/-			
-1	-1	storing the underlying couse (
4		lost. (c)							
J	_ [PART II OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY			
	일					PERFORMED?			
	MEDICAL CERTIFICATION	2Do ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED (I	Enter nature of nurse in 1	Part Lor Part II of itom 18)	10 2 10			
	ᇤ	OR CONTRIBUTING CAUSE OF DEATH	200 DESCRIBE HOW HOOK! OCCURRED (I	Constitution of Thoras at 1	VIT 1 OF EQUI II OF Hell 10)				
	្នា	(IF EITHER NOTIFY MEDICAL EXAMINER)							
-	흿	2Dc TIME OF INJURY Month, Doy, Year		E OF INJURY (Home, form		(County) (State)			
-	핅	Hour o.m.	While Not While of work	ry, street, office bidg , etc.)					
	- }	p.114		1.87/~/	0/0/ to Non 2') 1067 that (I) feed last			
		21. I certify that (I) (this dia social) saw the deceased alive an No.	v. 22 19 67 and that	depth occurred of	40AM from rouses of	2, 1967, that (I) (NEE) last			
		220 SIGNATURE	17 Mars, site that	destil Attorion (16		22b. DATE SIGNED /			
		100 Million	e Muse	ATTENDING	MED STAFF	Water 1			
	MCMMUL TOMAGAM M.D. PHYS OX DIRECTOR PHYS 1/80 226/								
		22c. PHYSICIANS NAME (Type) Samuel Sugar	r. M. D.	22d. ADDRESS	am Area Market	D C 20019			
	_]	Daniel Suga	L, El. D.	TOJ/ Easte	ern Ave. washir	ngton, D.C.20018			
-	230	. BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Tow	n) (County) (State)			
		Burial 11/25/	67 Fort Lincol	ln Cem	Colmar Ma	nor Md			
1	24	FUNERAL DIRECTOR AT	ADDRESS	25g, RFC'D	BY REGISTRAR 256 REG	STRAR S SIGNATURE			
	2.1	FUNERAL DIRECTOR Nalley's F	uneral Mt. Rain	ier					
		Home Inc.	Maryland	DATE	OV 2 7 1967 4	Milian in Judges			

haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. ving fureral and TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleter rilled to director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept of Health priar to burial, cremation, ar removal, and in any event, Authin 72,h VR A15 (4) 25M 1/67



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DIVISION	OF VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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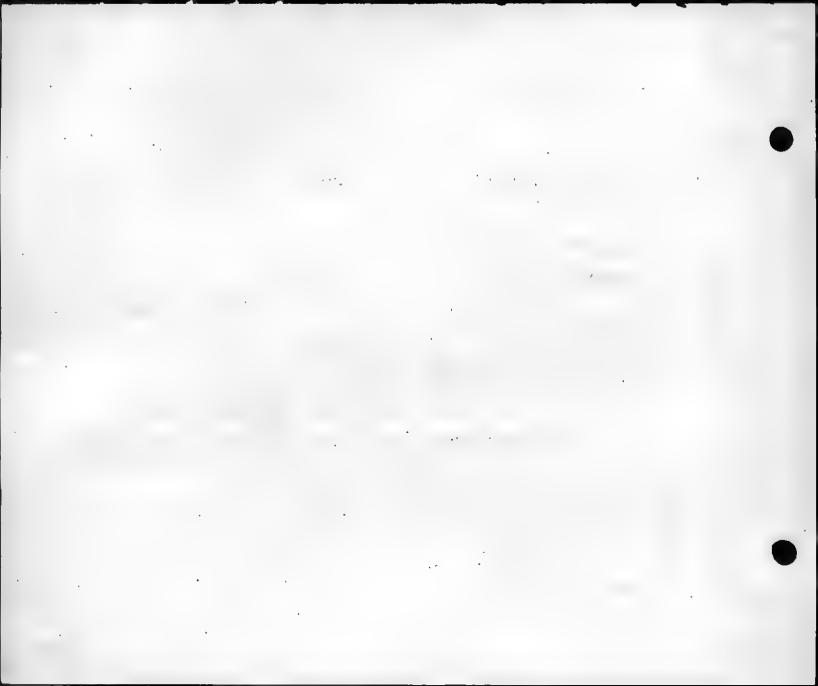
the reference makes	_		
HEALTH DEPT.	1	PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
v 0 0 1 4		a County	o. STATE b COUNTY
> m 2 =	H	Prince George's MARYLAND b CTY OR TOWN (If outside corporate .m.ts. C LENGTH OF STAY IN 16	Maryland Prince George's c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town)
deloy and 3 M3. Po		write RURAL and give nearest tawn)	C CITY OR TOWN (IT outside corporate limits, write KUKAL and give nearest town)
N THO		Cheverly DOA	College Park
6 7 3 B	Г	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESIDENCE
(= 1 E) 2 /		Prince Coordale Coronal Magnited	4504 Knox Road ON A FARM?
of It any deto		Prince George's General Hospital	
with be State	3	NAME OF First Middle DECFASED	Lost 4 DATE Manth Doy Year
fter di Give ong w th the	_	(Type or prof) Lloyd Alexander	Kessler DEATH 11 17 19 67
\$ 5 E	5	SEX 6 COLOR OR RACE 7 MARR ED NEVER MARRIED	8 DATE OF BIRTH 9 AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS
hours after de Item 18. Give F Office along w ond 2 with the	7	nale white WIDOWED DIVORCED	1-17-07 last birthday Manths Days Haurs Min
hours them 18 Office a ond 2 w	_	USUAL OCCUPATION (GIVE KIND OF BUSINESS OR	11 BRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT
- ± 0 - 5	dur	ing_mast of warking life, even if retired) INDUSTRY	Prince George, Md. U50USRY'A.
24 hour life er's Offer loofter l		Groundsman U of Maryland	
hin ncul nine page	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
e di e		Clarence S. Kessler	Agnes C. Woodward
n l Ex l Ex l Ex l Ex l Ex l	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	informant 6737 Riverdale Road
Jid be executed prd pending in the Chief Medicol Funding permit in the Premit in the Premit in Total sevent within 72	(y∈	rs, no, or unknawn) (If yes give war ar dates af service) 561 48 5705 C1	6/5/ Riverdale Road
din			narles R. Kessler Riverdale, Md.
e execute pending" of Medicol sit permit.		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I, DEATH WAS CAUSED BY	INTERVAL BETWEEN ONSET AND DEATH
bed "pain pain pain pain pain pain pain pain		I IMMEDIATE CAUSE (A) Laceration of Drai	in Visit Also plant
Part Far		V/24 DUE TO	
should be e te word "per o the Chief I burial-transit		Conditions, if any, which gove) (b) Trauma - auto acc;	ident.
be sol		nse to immediate cause (a), (pulk to	
ficote find the find find find find find find find find		stating the underlying cause	
		, , , ,	Lie was reprin
This certificate writing be forward I line used removal,	Z	PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS ALTOPSY PERFORMED?
	ĮĔ.		YES NO X
ER: Thi certificat ould be es. hould lie in, or ren	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Part I of Item 18)
certification of the state of t		PRIMARY⊠ or CONTRIBUTING ☐ pedestrian struc!	c by oar
AMINER the cert the cert 4 should the cert files. our files. ge 3 should should the control of the cert files.		A THE STATE OF THE	CE OF INJURY (Hame, form 20f (City or town) (County) (State)
Mir file	MEDICAL	Hour a m	tory street, office bldg, etc.)
EXAM ute the uge 4 your your Poge cremo	2	8:30pm pm 11-17 19 67 at work of work 10 of work 20 U.s.	tory street office bldg. etc.) College Park P.G. Md.
- 50 52 V		21 I certify that I taak charge of the remains described above, he	eld an Autapsy 🧻 , Inspection 😿 Inquiry 🐋 and in my apinion
			cide , Hamic de , Undetermined manner
Se se necros por		death tessited from	CHIEF MEDICAL EXAMINER
MEDIC, dease educate destroined pirector to bur		ACTUAL DE L	OR DATE CIONED
		SIGNATURE	WD ASSISTANT MEDICAL EXAMINER L
essary, p funeral ooy be re INERAL ITH prior		EXAMINER'S	DEPUTY MED CAL EXAMINER 2 11-18-67
o DEPUTY necessary, p the funeral s moy be re D FINERAL Health prior	_	NAME (Type) John Kehpe M.D., Riverdale, Mary	
The Heal	230	BUR AL, CREMATION, / 235 DATE THEREOF 23c NAME OF CEMETERY OR	
ちょもですり]	BUNYA (Peals) /11/22/67 Ft. Lincol	n Colmar Manor, P.G. Md.
N.	24	FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 250 REGISTRAR S SIGNATURE
VR A15ME (S)		Francis Gasch's Sons Hyattsville, Md.	



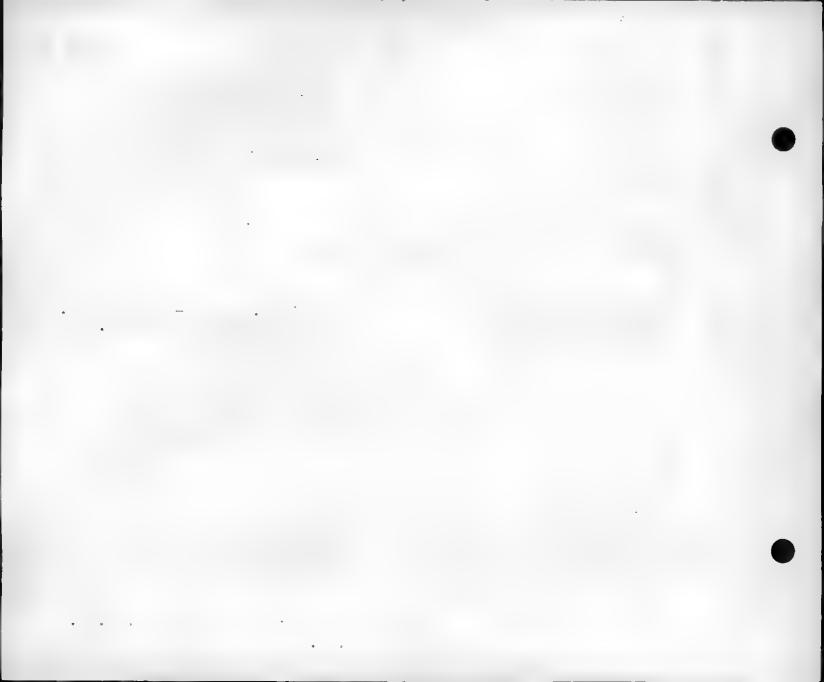
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15866 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR_STATE HEALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission PLACE OF DEATH a COUNTY a STATE Prince George's l'arvland Prince George's MARYLAND b CTY OR TOWN (If autside corporate limits write RURAL and give nearest tawn) deloy c CITY OR TOWN (If auts de carparate limits, write RURAL and give necrest tawn) c LENGTH OF STAY IN 1b State Depuis six davs Laurel Riverdalle d NAME OF HOSPITA, OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 1019 3th Street YES NO X Give Poges Leland Memorial Hospital 24 hours after d∎oth with 4 DATE 3 NAME OF Last Manth Day Year DECEASED w th.n Kevs 19 (Type or print) ichael Stant.on DEATH g oud IF UNDER 1 YEAR 9 AGE (In years IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Hours 2-14-49 white WIDOWED event male Office ond2 TOO USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during mast of warking te eyen if retired) NDUSTRY COUNTRY! poges In ony the Chief Medical Examiner's pencil 13 FATHER SINAME This certificate should be executed within MOTHER'S MAIDEN NAME File ond 16. SOC A. SECURITY INFORMANT 1S WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknown) ((if yes give war or dates of service) removal INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY: Laceration of brain JO IMMEDIATE CAUSE (a) the word cremation, DUE TO six days Conditions, if any, which gave Trauma - auto accident rise ta immediate cause (a), 0 DUE TO e, writing the forwarded to stating the underlying couse 0 last. used os buriai, WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the certificote, NO X should be 20g EXTERNAL CAUSE WAS prior 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Part I or Part I of Item 18) 3 should PRIMARY TE ar CONTRIBUTING **IXAMINER:** passenger in car involved in accident CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Hame, farm, 20f (City or town) 20c TIME OF INJURY Manth, Day, Year (County) (State) Haur a.m. While Not While 4900 Powdermill may be retoined for your FUNERAL DIRECTOR: Poge Rd. Beltsville P.G. Md. at wark Page at wark 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection X. Inguiry X and in my opin an the funeral director. Accident X death resulted fram: Natural causes Stricide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE 5 may be 7 TO FUNERAL Health or i 11-12-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe M.D., Riverdale, Laryland Address (Street, city, town or county) BURIAL, CREMATION 23b DATE THEREOF 23d. ¿OGATION (City or Town) (County) (State) REMOVAL (Shecify) 24 FUNERAL DIRECTOR . 25b REGISTRAR'S SIGNATURE 250 REC DABY REGISTRAR VR A15ME (5) 6M 1/66



VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 15868 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY a. STATE MARYLAND TOWN (If ourside corporate limits **CLENGTH OF STAY IN 16** OR TOWN (If putside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) e IS RES DENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address) NO T NAME OF Year DECEASED OF DEATH Type or print) car IF UNDER 1 YEAR UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years birthday) Manths Days Hours and in any DIVORCED WIDOWED 10o USUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR 12 C TIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) (Retired) during most of working life, eyen if retired) ortistown 14 MOTHER'S MAIDEN NAME. 13. FATHER'S NAME ar remayal, Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service Marjorie F. McNall-912 Elm Ave. no crematian, Takoma Park, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART | DEATH WAS CAUSED BY. signed by the c burial-transit p IMMEDIATE CAUSE (a) 170X DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause erached far use as the Dept, af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 9 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COMDITION GIVEN IN PART 1(a). NO L 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20a ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Hame, form (State) 20c TIME OF INSURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) Haur a.m. factory, street, affice bldg. etc.) Not While 21 | certify that (1) (this haspital) attended the deceased fram and that death accurred at I DAM, from causes and on the date stated above saw the deceased glive an directar, page 3 sha shauld be filed with DATE SIGNED 22o. SIGNATURE 22b ATTENDING STAFF M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23a BUR AL CREMATION. 23d LOCATION (City or Town) (County) Glenwood Cemetery 19/67 Washington. 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67





and that death occurred at 6-30Mm from the causes and on the date stated above. saw the deceased alive on 17-22 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. ADDRESS PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

Riverdale. Md.

MOULTRIE, CO. CEM

John Kehoe, M.D.

BURIAL, CREMATION. 23b. REMOVAL (Specify)

DATE THEREOF

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)



15880

CERTIFICATE OF DEATH

15371

-		EKTIFICATE UI	r DEAIN	<u> </u>	014			
Ī	PLACE OF DEATH			ceosed lived, if institution: Reside	ence before odmission)			
1	o. COUNTY Prince Georges	MARYLAND	Marylaı Marylaı	nd. b. county Pr	. Goots			
I	b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town)	OF STAY IN 16 C CI	ITY OR TOWN (If outside con	porate limits, write RURAL and gr	ve negrest town)			
-	Clinton 12	Days	Nottingham		,1			
. [d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street or	ldress) d S	STREET ADDRESS		e IS RESIDENCE ON A FARM?			
L	Southern Md. Medical Cente	r			YES NO X			
ı	3. NAME OF FIRST	Middle	Lost 4 DA	E Month	Doy Year			
L	(Type or print) W/LL/AM	LA	W DE		17 1967			
1			TE OF 81RTH	9. AGE (In years IF UNDE) est birthday) Months	Doys Hours Min.			
L	//ale White WIDOWED X	DIVORCED JU	ly 12,1881	//06//yrs				
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Employee Telephor	Publice Uti	BIRTHPLACE (County & Stote, c	r foreign country) 12. (CITIZEN OF WHAT			
ŀ	Retired Employee Telephor	16 08	360	tland	U. S. A.			
-	13 FATHER'S NAME		MOTHER'S MAIDEN NAME					
	Unknown		Unknown					
1	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Ill yes give wor or dotes of service)			Address	20870			
ŀ			Russell Bu	ck-Upper Mar				
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), one PART I. DEATH WAS CAUSED 8Y	(d)	1.1	0.00	INTERVAL BETWEEN ONSET AND DEATH			
-	IMMEDIATE CAUSE (0) . Charles Circle letter of light							
1	Candilians of any which areas > DUE TO DUE TO DUE TO DUE TO							
1	rise to immediate couse (0), DUE TO							
1	stoting the underlying couse (c)							
-1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)							
2	S TAKE III STORE STORING TO SOME SE	THO REDWED TO THE TE	ENGINE BIOCHEC CONSTITUTE		PERFORMED? YES NO			
	20g ACCIDENT WAS UNDERLYING 20g ACCIDENT WAS UNDERLYING 20g ACCIDENT WAS UNDERLYING 20g DESCRIBE HOW 20g DESCRIBE HO	INJURY OCCURRED. (Enter	noture of injury in Port I or	Port II of item 18.)	120 NV L			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
-	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCUR		INJURY (Home, form, 20	If (City or town) (C	iounty) (State)			
-1	Hour a.m. 19 While Not W. of work of work		reet, office bldg., etc.)					
1	21. I certify that (I) (this haspital) attended the deceased from							
1	sow the deceased olive an							
1	220 SIGNATURE ATTENDING MED STAFF 22b DATE SIGNED							
	alfred to	Epin MB . P	PHYS. DIRECTO	R PHYS 11	/17/67			
	22c PHYSICIAN'S NAME (Type)	an Man	rland					
-	y / Ct / Ct / R	L/77/11/	Clinto		yland,			
	- REMOVAN/Specify)	NE OF CEMETERY OR CREMA		LOCATION (City or Town)	(County) (State)			
-		Thomas C	250, REC'D 8Y REC	Croom ISTRAR 25b. REGISTRAR S	Md.			
	24 FUNERAL DIRECTOR AD RITCHIA MORAL DO		250. KEE 0 87 KEE					

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the bural-transit permit. Then please remave carbon papers. Pages 1 should be filed with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72-haurs after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) (25M 1/67 , 97// I 2. ŧ

15881

CERTIFICATE OF DEATH

15872

		70001	L.		CERTIFICAT	E OF DEATH		2 36 66		
Ì	1,	PLACE OF DEATH					here deceased lived, if institut	tion: Residence before admission)		
	1	Prince	Geo.		MARYLAND	Maryla	nd b. 000	Wontgomery V		
Ì		b CITY OR TOWN (lf outside corporate limit d give nearest town)	S, (.	LENGTH OF STAY IN 1b		tside c <mark>orporate l</mark> imits, write RU	RAL and give nearest town)		
		Cheverl			D.O.A.	Takoma	Park	17		
			AL OR INSTITUTION (If n	,	· ·	d STREET ADDRESS		e IS RES DENCE ON A FARM?		
1		Prince	George Ge	eneral l	Hospital	1011	ast West Hw	yes No A		
		NAME OF DECEASED	Fi	tst	Middle	Lost	4 DATE Mon			
		(Type or pant)		wrence	Bailey	Lipscomb	DEAIN	ember 4 19 67		
j	S.		6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	9 AGE (In years dost birthdoy)	IF JNDER YEAR IF UNDER 24 HRS. Months Doys Hours Min.		
		Male	White	WIDOWED	DIVORCED	2/16/191	YIS.			
	10o duri	. USUAL OCCUPATION	(Give kind of work done	10b. KIND	OF BUSINESS OR TRY		State, or foreign country)	12 CITIZEN OF WHAT GOUNTRY? A 121		
			detai Meck	lanic	-	Wash.,D		U.S. AU		
	13.	FATHER'S NAME	ric Lipso	omb			14. MOTHER'S MAIDEN NAME			
	16				AL COCHOLEN NO. 12		Hogan			
	(Ye	MAZ DECEASED EAF	R IN U.S. ARMED FORCES? (If yes give wor or dates		AL SECURITY NO. 17. B-10-5445	Mrs Idlia	Addr an M. Lipsc			
		114		1		. (Wife)	address	4		
		18. CAUSE OF D Part I dea	EATH (Enter only one cou TH WAS CAUSED BY:	se per line for (o),	4	\ /		ONSET AND DEATH		
		4201 IMMEDIATE CAUSE (a) My ocardial Mfarction Strikes								
		Condition it are which some								
		nse to immediate couse (o),								
		stoting the underlying couse (c)								
		PART II OTHER ST	GNIFICANT CONDITIONS (EATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19 WAS AUTOPSY		
4.	4TfO!		•					PERFORMED? YES NO		
200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of Item 18.)										
			MEDICAL EXAMINER)							
	MEDICAL	20c TIME OF INJ	URY Month, Day, Year			ACE OF INJURY (Home, form		(County) (State)		
	ME	Hour o.i	m. m. 19	While at work	Not While G	ctory, street, office bldg., etc.)		1		
				pitol) ottended	the decoased fram_1	Oct. 24 ,1	967, to NOV.	4, 1967 that (I) (we) lost		
			eceased alive an	VOV. 3	19 <u>6</u> /, and the	ot death occurred at	M, from causes	and an the date stated above		
		220 SIGNATURE	10.0	11.	-9		MED. STAFF	22b. DATE SIGNED		
		MAR	rees C.	4-tage	ago N	D PHYS LX	DIRECTOR L PHYS. L.			
	(22c. PHYSICIAN'S NAME (Type		C. Hag	egge	220. AUUKESS	3308 - Perr	y St., Mt.		
	230	. BURIAL, CREMATI			3c NAME OF CEMETERY OF	CDEMATORY	23d LOCATION (C Ty or 10	wn) (County) (State)		
	0.570	REMOVAL (Specify	11/8		Prospect H		Wash. D.C			
	24		Malley's			nien 250 RECD	BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE		
		Home	Inc.	T UHOT A	Maryland	DATE N	01/9 1967	Ochanles Judge		

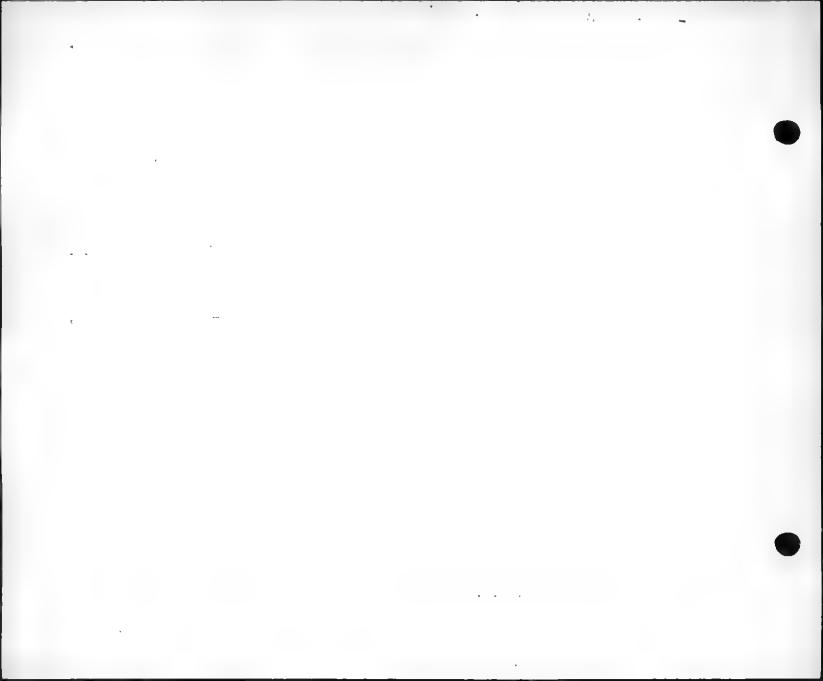
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. THENDERAL MINICTOR: After this certificate has been signed by the attending playscial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers, Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after debt Page 4 may be retained by the hospitol or attending physician. VR A15 (4) 25M 1/67



Milaneles

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5873 15882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COUNTY o STATE Prince George's District of Columbia MARYLAND delay c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (Fourside corporate limits, . ENGTH OF STAY IN 15 write RURAL and give nearest town) partm after Cheverly DOA Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours YES NO X Prince George General Hospital 1018 Florida Ave. be executed within 24 haurs after death 3 NAME OF Middle Lost 4. DATE Month DECEASED OF DEATH within (Type or print) Abraham Locke olong, WITH 5 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost b rthday) Doys Hours DIVORCED WIDOWED event 2-14-1914 Office c\ Male Negro
On USUAL OCCUPATION (Give kind of work done Male and 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any pencil m pages in any LABORER FEBRUARY 14. 1914 U.S.A Chief Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JESSE LOCKE gud Q2 AMELIA COX WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) I(If yes give wor or dates of service) removal Mr. Archie Locke - 1018 Flerida Ave. NE | INTERVAL BETWEEN HONE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Chronic Alcoholism П IMMEDIATE CAUSE (a). certificate shauld crematian, DUE TO Conditions, if any, which gove (b) Exposure to cold rise to immediate couse (a). **DUE TO** stoting the underlying couse Fo. forworded lost 95 burial, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? CERTIFICATION the certificate, NO D 9 20o EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part 1 of Item 18.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ EXAMINER: CAUSE OF DEATH its designated agent, 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour om. While Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page ot work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry 😓 and in my opinion Accident Natural Zouses funeral director. death resulted from: Suicide 1 Homicide Undetermined manner CHIEF MED CAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TX Health or **EXAMINER'S** Riverdale, Kehoe. Md. NAME (Type) John Address (Street, city, town, or county) DATE THEREO! 23c NAME OF CEMETERY OR CREMATORY (Leme 23d (County) 0 emerial 24. FUNERAL DILLE 2Sb. REGISTRAR'S SIGNATURE ADDRESS 250 REC D BY REGISTRAR

VR A15ME (5) 6M 1/66



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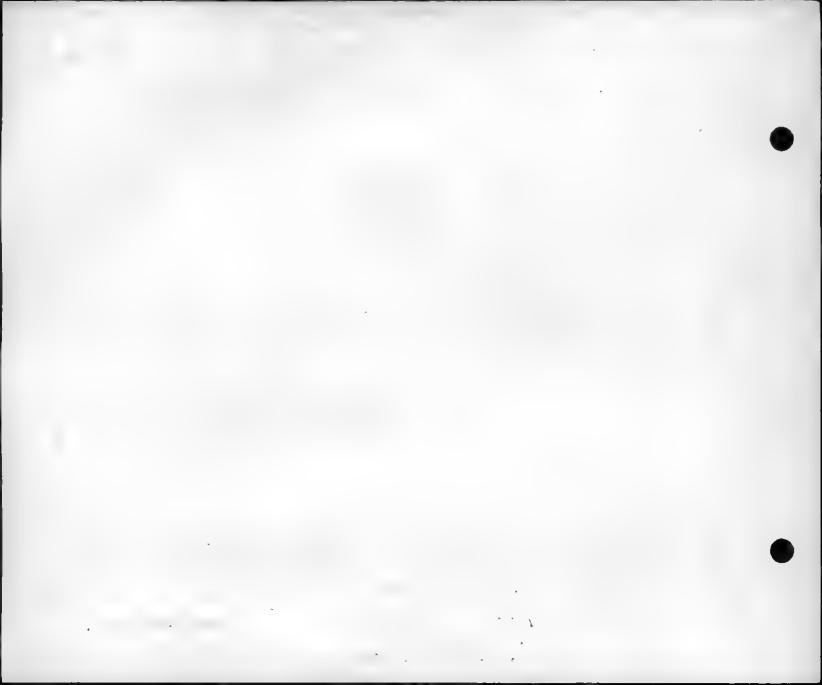
CERTIFICATE OF DEATH

15874

	NI LCC OC DELVII	Ha steres prespect (in
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o STATE b COUNTY
]	PRINCE GEORGES MARYLAND	DILIKICH OF COLUMBIA
ь	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
j	write RURAL and give nearest town) ANDREWS AFB	WASHINGTON _ / /
d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d STREET ADDRESS e IS RESIDENCE ON A FARM?
]	MALCOLM GROW USAF HOSPITAL	5204 CANTERBURY WAY YES AND I
	NAME OF First Middle	Lost 4 DATE Month Doy Year
	DECEASED (Type or print) WILLIAM GEORGE	LOONEY DEATH NOVEMBER 2 1967
S. S		8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
1	MALE CAU WIDOWED DIVORCED	27 Oct 1922 45 yrs Months Doys Hours Mir
10o	JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11 BIRTHPLACE (County & Stote, or foreign country) 12 CT ZEN OF WHAT
durir T	ng most of working life, even if retired) USAF USAF	NEW HAVEN. CONN. USA.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T	WILLIAM CHARLES LOONEY	MARY BURRAGE
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17.	INFORMANT Address
(Yes	sino or unknown) (If yes give wor or doles of service) YES JUL 42-JUL63 017-14-5424	WIFE SAME AS #2
NO	Conditions, if ony, which gove nise to immediate couse (a), stating the underlying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(4) 19 WAS A TOPSY PERFORMED?
CERTIFICATION	20₀ ACCIDENT WAS UNDERLYING ☐ 20₺. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port Lor Port II of item 18.)
	OR CONTRIBUTING III CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(and record or rightly in For Co. 100 St of fault 10.)
MED CAL	Hour o m. While Not While of work of work	ACE OF INJURY (Home, form, County) (County) (State ctory, street, office bldg., etc.)
MED CA	Hour o m. p.m. 19 White of work of work of work of two decays of from 21. certify that XIX this haspital) attended the accessed from	at death accurred at 1:20M, fram causes and an the date stated ab
MED C	Hour om. pm. 19 While of work of work of twork of twork of work of twork of twork of twork of twork of twork of twork of two twork of two	at death accurred at 1:20M, fram causes and an the date stated ab ATTENDING MED DIRECTOR PHYS. X 2 DAY SIGNED PHYS DIRECTOR PHYS. X 2 DAY SIGNED
MED CA	Hour om. pm. 19 While of work of work of twork of twork of work of twork of twork of twork of twork of twork of twork of two twork of two	ATTENDING DIRECTOR DI
230	Hour o m. pm. 19 While of work of twork of two	ctory, street, office bldg., etc.) 80ct , 1967, to 2 Nov , 1967, that (N) (we) at death accurred at 1:20M, fram couses and an the date stated about ATTENDING
230	Hour o m. pm. 19 While of work of twork of two twork of two twork of two	ADDRESS Malcolm Grow USAF Hospital Andrews AFB, Wash, D.C. 20331

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

24 hours after death.

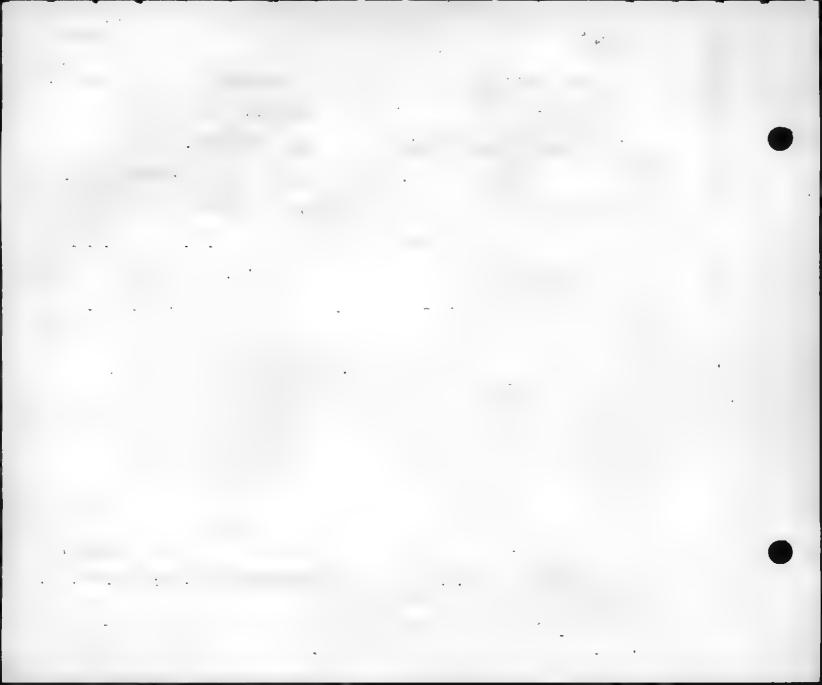


femeral destri-TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours dited.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

П	1.	PLACE OF DEATH a, COUNTY				ENCE (Where deceased lived, If institution: I				
-1		Prince Geo	orge's	MARYLAND	a. STATE Maryland b. COUNTPrince George's					
-		b. CITY OR TOWN (if outside cor	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If outside corporate limits, write RURAL	Land give nearest town)				
П		b. CITY OR TOWN (If outside cor write RURAL and give nearest Cheverly	1 day	Riverd	ale	1				
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			d. STREET ADDRES	d. STREET ADDRESS e. IS RESIDENCE				
<i>-</i>		Prince George's	s General	Hospital	6018 M	ustang Dr.	ON A FARM? YES NO X			
	3.	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year			
Н		(Type or print)	Susie	Augusta	Love	DEATH November	11, 19 67			
-	5.		ACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	1 YEAR IF UNDER 24HRS. Days Hours Min.			
		Female White	WIDOWED		5/12/82	oo yrs.				
	10a dur	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ (COUNTRY) 12. COUNTRY (COUNTRY) 12. COUNTRY (COUNTRY) 13. BIRTHPLACE (County & State, or foreign country) 14. COUNTRY (COUNTRY) 15. COUNTRY (COUNTRY (COUNTR								
		Housewife		wn Home		iton, D. C. U.	5.H.			
	13.	FATHER'S NAME	AIDEN NAME							
	_	Andrew Hoskins			Mary Co	Mary Catherine Tennyson				
	15. (Ye	WAS DECEASED EVER IN U.S. ARME s. no. or unknown) 1(If yes give war or d	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 6018AGUEST tang Drive							
		No		-54-9649 Was	. Naomi Ho	oughton Kiverdale, P	id.			
		18. CAUSE OF DEATH [Enter on				7-1-	INTERVAL BETWEEN			
	-	PART I. DEATH WAS CAUSE IMMEDIATE CA	D BY:	arana-	e as	2626	ONSEL WIND DEATH			
		Cenditions, If any, which) DUE TO Arterio seleratio Carelier tope								
		gave rise to immediate cause (a), stating the								
	_	underlying cause last. (c)								
H	ITI0	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH BUT NOT RELA	TED TO THE TERMINA	ALDISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
4	FICA						YES NO			
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)								
-	MEDICAL	Hour a.m.	While	- Not While - facto	ry, street, office bldg	., etc.)	(22020)			
	Σ	p.m. 19 at work at work								
	ı	21. I certify that (I) (this hospital) attended the deceased from 1944, to 1944, that (I) (we) last								
saw the deceased alive on 1967, and that death occurred at 1968, from the causes and on the date 22a. SIGNATURE										
		11.10	ATTENDING XX MED. STAFF DIRECTOR PHYS. 11/11/67							
,		NAME (Type) Peter	Duus, M.	D.	6124 Ce	ntral Ave.,Capitol H	lgts.,Md.20027			
	23a	BURIAL, CREMATION, 23b. DA	ATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	unty) (State)			
		Burial Nov.	14 1967	Glenwood Cem	eteru	Washington L. C.				
1	THE STATE OF THE S	FUNERAL DURECTOR GEN	Carter	8434ADORESOrgia A	venue 25a.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'S SIGNATURE			
٦	U	Jarner L. Pumphre	y, Inc.	Silver Spring,	11d. DATE	NOV 17 1967 Julian	0 0			
	_									

VR A15 (4) 20M I/65



(City or town)

(State)

(State)

20k TIME OF INJURY Manth, Day, Year Haur 'a.m.

Nat While at wark

factory, street, office bldg., etc.) 13

21. I certify that (I) (this hospital) attended the deceased from Nov. saw the deceased give an Nov 21 22a. SIGNATURE

22c. PHYSICIAN'S

NAME (Type)

ADDRES!

DIRECTOR

, to_

19 67, and that death accurred at 4 90 PM, from causes and on the date stated above

PHYS

23d LOCATION (City or Town)

(County)

Nov 21, 1967, that (1) (we) ligst

22b. DATE S GNED

23a BURIAL CREMATION 23b. DATE THEREOF Burial

Pine Hill

Toranto Canada

2Sb REGISTRAR'S SIGNATURE

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: VR A15 (4) 25M 1/67

director, page 3 should should be filed with the

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death

carbon

ond

physician nen please

signed by the buriol-tronsit p

Metropolitan Funeral Service

Falls Church. Va.

23c NAME OF CEMETERY OR CREMATORY



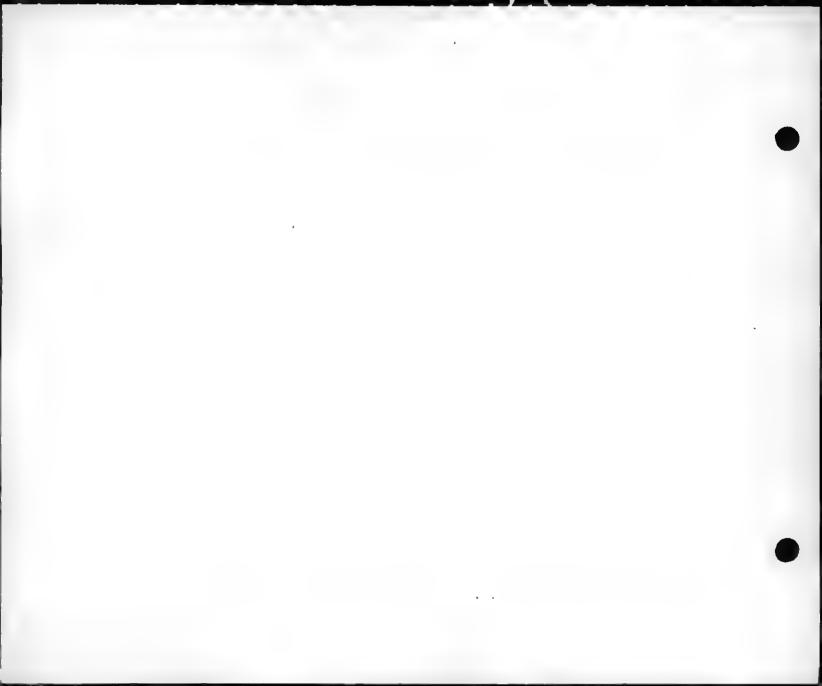
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE	1	MEDICAL EXAMINER'S	CERTIFICATE C	OF DEATH	- C 77
IEALTH DEPT		PLACE OF DEATH		Where deceased lived, if institution Resid	ence before odm ssion)
ond 3 to ond 3 to MM3. Page Ament of ter death	/	o. COUNTY Prince George's MARYLAND	o STATE Marvland	Prince G	enroels
delay ond 3 13. Pag Iment	1	CITY OR TOWN (If cutside corporate limits CLENGTH OF STAY IN ID	CITY OR TOWN (If or	Lts de corporote limits, write RURAL and g	ive negrest fown)
ges 1, 2, and 3 to form RM3. Pag die Department Andirs after death		write RURAL and give nearest town)	11		,
	\vdash	Mitchelville d NAME OF HOSPIAL OR INSTITUTION (If not in hospitol, give street address)	Mitchelvil	Te	e IS RESIDÊNCE
Page Person					ON A FARM?
for death I Give Pages ang with for the State thin 72 how		Rox 1050 Woodmore Road		loodmore Road	YES NO
Part North	3	NAME OF First Middle DECEASED (Type or print) Wallace	Lost	4 DATE Month OF	Doy Year
after death 8. Give Page along with with the State within 72 Ba			Marshal	DEATH	11 19 67 R 1 YEAR FUNDER 24 HRS
	2	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BIRTH	lost birthdoy) Months	
hours a ltem 18. Office at and 2 w event w	N	ale Negro WIDOWED DIVORCED	20 Jan. 193	3 34 yis	
hours Item 19 Office Tond 2	10c	USUAL OCCUPATION (Give Kind of work done Inputs of working life, even if retired) INDUSTRY	11 BIRTHPLACE (Stote		CITIZEN OF WHAT
			Marylan	ď.	USA
hin 14 nc.l in 1 niner's (poges 1 in ony	13	FATHER S NAME	14 MOTHER'S MAIDEN	NAME	
pen com com		Curtis Marshall	N	ettie Hawkins	
in perint Exon	IS		INFORMANT	Address	
nding" i Medical permit, moval,	Į (II	is, no, or unknown) ((ii yes give wor or bores or service)			
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)			INTERVAL BETWEEN
Inhould be e ne ward "per to the Chief I buriol-transit mation, or re		PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Totastinal obstru	ict.ion		ONSET AND DEATH
교육의 불성		DUE TO Volvulus of cecum			days
we the riel		Conditions, if ony, which gove) (b)	I.L.		days
the to the same		rise to immediate couse (a), { Stating the underlying couse { DUE TO			
ircote ing the ded of as o as o (, cre		lost (c)			
A STATE OF THE STA		PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
s certification write forward used buria	101			1-7	PERFORMED? YES K NO
This cate be for the formula to the	CERTIFICATION	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of more in	Part L or Part II of dem 18)	10 [2] 10
NER: Il certifice hould be lies. should I st, pr.or	ERT	PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	far to vote of the V		
INER: e cert should files. 3 shou			ACE OF NJURY (Home, forn	n, 20f (City or town) (C	iounty) (State)
CAL EXAMINE execute the control of the your file of the	MEDICAL	Hour o m. While Not While for	ctory, street, office bldg., etc.		()
EX.		pm. 19 otwork 1 otwork 1 21. I certify that I took charge of the remains described above, h	old on Autonry 🗺	Inspection X, Inquiry X	ond in my opinion
4			icide 🗍, Hamicide		
MEDICA Meose e director etained DIRECT S des gn		dedili lesoned irdii. Ndibiti tabses [2], acciden [7], soi	CHIEF MEDICAL	Springer 1	
r MEDTA pleose of director retained retained its des g		ACTUAL / X . A		DICAL EXAMINER	22. DATE SIGNED
F ga saga		SIGNATURE	m v	AL EXAMINER	
DEPUTY MEDICAL EXAM recessory, please execute the funeral director Page 4 moy be retained for your funeRAL DIRECTOR: Page ealth or its des gnated age		NAME (Type) John Kenoe, M.D. Riverdale, Mc		it, c'ty, town, or county)	11-13-67
TO DEPUTY MEDICAL EXAMINER: necessory, please execute the certifulation of the funeral director Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be fits designated agent, pr.	230	BURIAL, CREMATION, 236 DATE THEREOF . 230 NAME DE CEMETERY OR		23d LOGATION (City or Jown)	(County) (State)
5 c = 25 E		REMOVAL (Specify) 11-15-6/ Noly 70	amely.	Wodne	no had
. 2	2	PUNERAL VIRECTOR / 1 ADDRESS /	DI L 254 REC'I	D BY REGISTRAR 2Sb REG,STRAR S	
VR A15ME (5) 4 4 6M 1/66		Nolling T. Home 4339- Huy	TZNY DAVIN	1 1 6 1967 Present	By Judge

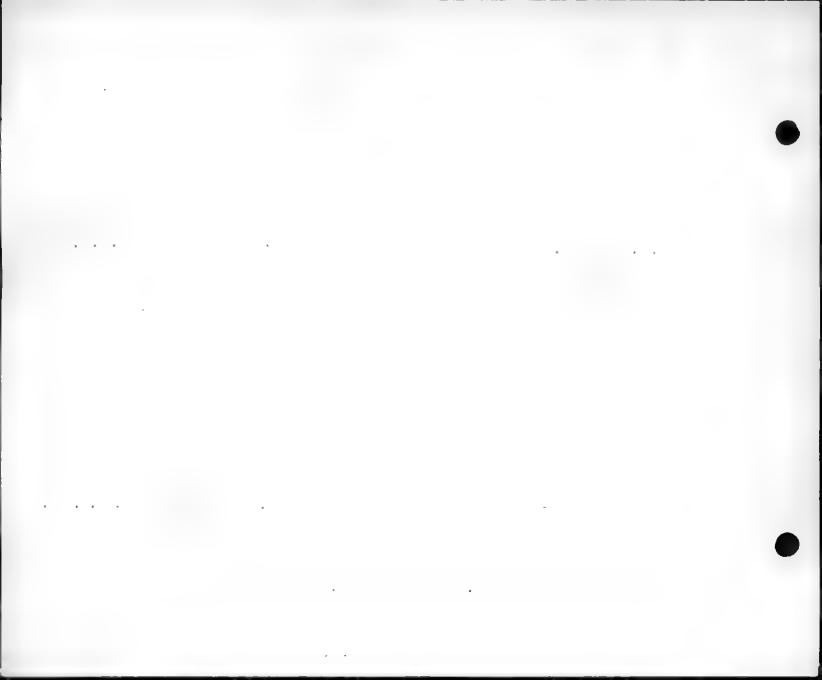
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 3 ta Page a. COUNTY a. STATE b COUNTY of o death. Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (f outside corporate limits. c _ENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate in its write RURAL and a veinearest tawn) write RURAL and give negrest town) DOA Cheverly Greenbelt e S RESIDENCE ON A FARM? d NAME OF HOSPITA, OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS NO T Prince George General Hospital 8555 Glen Dale Road haurs after death. 3 NAME OF Middie 4 DATE Manth Last DECEASED OF 8 Givewith the within (Type or print) Laurie DEATH along S SEX 9 AGE (In years F UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH ast birthday) Months WIDOWED D VORCED event Office o Male White 10g USJAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHP, ACE (State or fareign country) 12 C TIZEN OF WHAT during mast of warking te, even if retired)
R. C. A. Corp. INDUSTRY U COUNTRY? Topeka, Kansas ony 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Ξ Clarence H. Martin Sarah Antoinette Stanton FILE puo 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address Ird "penlling" in Chief Medical E (Yes, no, or unknown) (If yes give war or dates af service) remayal Mr. Baker El Paso, Texas 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Laceration of brain Ы IMMEDIATE CAUSE (a) This certificate sligald crematian, DUE TO Trauma auto accident Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause burial 19 WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X prior to 20a EXTERNAL CAUSE WAS PRIMARY-S or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Hem 18) 3 shauld should CAUSE OF DEATH Driver of car involved in collision 5 may be retained far yaur files TO FUNERAL DIRECTOR: Page 3 sh Health ar its designated agent, 20e PLACE OF INJURY (Hame farm, 20c TIME OF NJ.3RY Month, Day, Year 20d INJURY OCCURRED 20f (City or town) factory, street, affice bldg, etc) Baur am While Nat While of work atwark & Old Calvert Rd. & Kenilworth Ave. P.G. Co. 5.000mpm 77_8_ 21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [X] and in my apinion the funeral director. death resulted from Natural couses Suicide . Hamicide 🗍 Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22 DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** 11-9-67 Kehoe, M.D. Riverdale, Md. Address (Street, city, tawn, or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATIO (County) Ft. Bliss National Paso. dm. Texas Companderss washington, L.C. 25g REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE Hines

1967

VR A35ME (5) 6M 1/66



1 2, and 3 to delay is in any event within 72 haurs affer death with the State Department This certificate should be executed within 24 hours after death. If any necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages the funeral director, Page 4 should be farwarded to the Chief Medical Examiner's Office along with fol pages land 2 and File a burial-transit permit. Haaith or its designated agent, prior ta burial, crematian, or remaval

used as

TO FIINERAL DIRECTOR: Page 3 should be

for your files

5 may be retained

VR ATSME

TO DEPUTY MEDICAL EXAMINER:

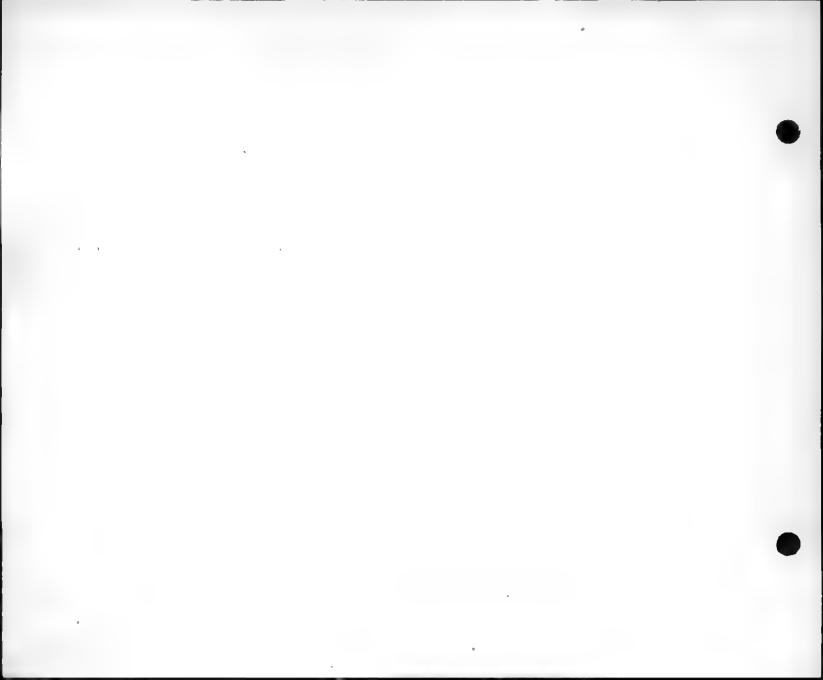
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15979

1.	PLACE OF DEATH				n Residence before admission)
	o COUNTY Prince George's	GNAIVSAM	o STATE liaryland	b (OUNT	ince George's
	b CITY OR TOWN (If outside corporate imits,	c LENGTH OF STAY IN 16	c C Ty OR TOWN (f gutside	corporate imits, write RJRA	L and give neorest town)
	write RURAL and give negrest town) Cheverly	DOA	Colmar Ma		
	d NAME OF HOSPITAL OR INSTITUTION (If not in		d STREET ADDRESS	IIOT	e S RESIDENCE ON A FARM?
	Prince George's Gene		3612 41s	t Avenue	ON A FARM? YES NO X
3	NAME OF First	Middle	Lost 4	DATE Month	Doy Year
	DECEASED (Type or print) Larry	Peter	Mayola	OF DEATH	6 19 67
5		MARRED X NEVER MARRIED	B DATE OF BIRTH	9 AGE (In yeors Jost birthdoy)	F UNDER 1 YEAR IF UNDER 24 HRS
	male white	Y DOWED DIVORCED	12-2-7	Jost birthdoy)	Months Doys Hours Min
	USUAL OCCUPATION (Give kind of work done	10b KIND OF BUSINESS OR	11 BIRTHPLACE (State or fo		12 CITIZEN OF WHAT
dui	ing most of working life, even if retired) CLOCK	Grocery	W. Va.		COUNTRY? A.
-	FATHER'S NAME	1 01 00 02 3	14. MOTHER'S MAIDEN NAME	<u> </u>	OFFIN
	Frank Mayola		Maria Ke	1157	
15	WAS DECEASED EVER N C ARMED EMPCESS	16 SOCIAL SECURITY NO 17 II	NFORMANT	Address	
(Y	es, no or unknown) (If yes give wor or dotes of sen		ospital Rec		
			Copi assurded		THE PROPERTY OF THE PERSON OF
	 CAUSE OF DEATH (Enter only one couse poper of the part is peath was caused by. 	7 10 1 10 1 1 1 1			INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Hemorrhage			
	DUE TO	Y77 (2	July and the second of		
	I rice to immediate cause [a] F	Ulceration of mult	ipie Hemangio	mas or oesopr	nagus
	stoting the underlying couse DUE TO				
	lost (c)				7.00 11.00 11.00 11.00
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES X NO
I SHE	20o EXTERNAL CAUSE WAS PREMARY □ or CONTRIBUTING □	20b. DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port	l or Port II of item 18)	
	CAUSE OF DEATH				
MEDICAL	20c TIME OF INJURY Month Doy, Year		E OF NJURY (Home, farm,	20f (City or town)	(County) (Stote)
E E	Hour a.m. p.m. 19	While Not While factor	ory, street, office bldg., etc.)		
	21. I certify that I took charge of		ld an Autapsy 📆 . Ir	spection X, Inquir	ry X, and in my apinian
-		A	de 🔲, Hamicide 🔲	Undetermined mai	
		10	CHIEF MEDICAL EXAM	f /	
	SIGNATURE CANAL	len	M.D. ASSISTANT MEDICAL	EXAMINER .	22. DATE SIGNED
	EXAMINER'S	/	DEPUTY MED CAL EX		11-6-67
	NAME (Type) John Kehoe M.D.	., Riverdale, Maryl	and Address (Street, city	, town, or county)	
230	BURIA., CREMATION 23b DATE THEREOI	F 23c NAME OF CEMETERY OR C	CREMATORY	23d LOCATION (City of Town	n) (County) (State)
	图 11/9/6	7 Fort Lincol	n Cem.	Colmar Man	or, Md.
24	FUNERA. DIRECTOR Walley's I	Funeral Adoress Wit- Re	d niel 200 stco BY	REGISTRAR 25b REG	STRAR'S SIGNATURE
	MARKANA HUMO 1	10 •	DATENOV	10 1967 92	money freeze



VR A15 (4) 25M 1/67

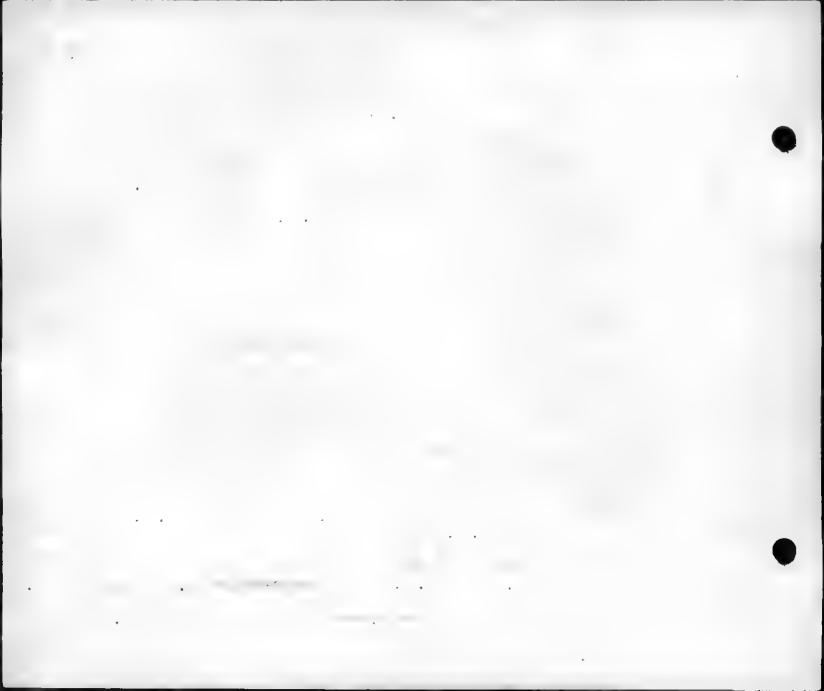
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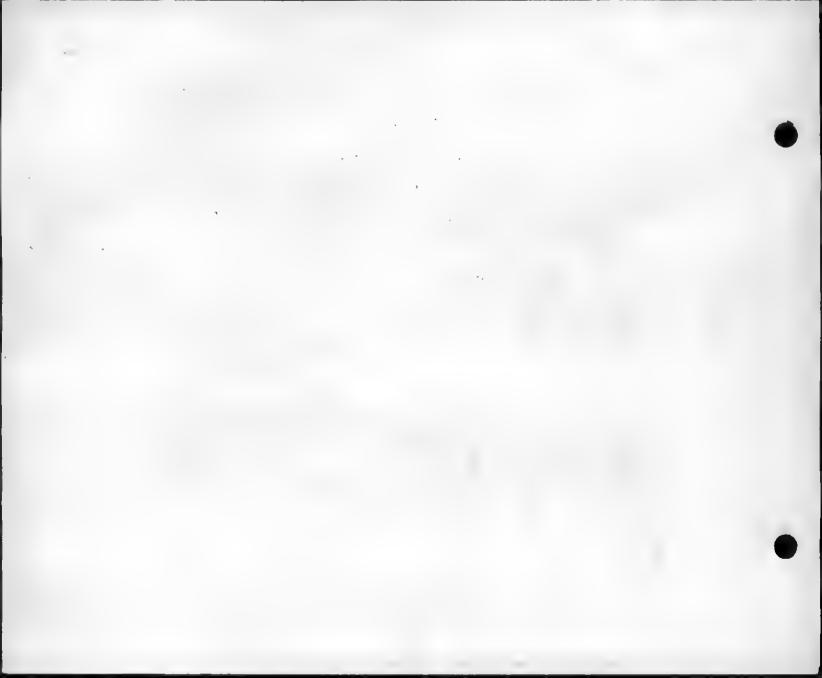
MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 taken from birth cert. ph DIVISION OF VITAL RECORDS,

L	Atem	CERTIFICATE	OF DEATH		15880 -
1	Prince Georges	<u>'</u>	2. USUAL RESIDENCE (Where deceased lived if institution b. COUNT	n Residence before admission)
L	Filite Georges	MARYLAND	Maryland	Princ	ce Georges
	b CITY OR TOWN (If outside corporate limits,	8 hrs. 10mins		utside corporote limits, write RURA	L and give nearest fown)
-			Greenbelt	,	/ JC DIT DESIGN
	d. NAME OF HOSPITAL OR INSTITUTION (If not in he		d. STREET ADDRESS		e IS RES DENCE ON A FARM?
¥.	Prince Georges General	nospical	225 Lakes	ide Drive	YES NO
	NAME OF First	Middle	Last	4 DATE Month	Doy Year
ı	(Type or print) Baby	Girl "B" McCul	loch	DEATH NOV.	5, 19 67
		ARRIED NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
1		DOWED DIVORCED		lost birthdoy)	Months Doys Hours Min.
1	remare wille		Nov. 5, 19		8 10
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
1	and the state of t	most it.	Chever	ly. P.G. Co.	COUNTY;
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Т	TH. last 21.11 m. 1	· 6: 0	Fro 6	17/ 1	
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Address	<u> </u>
	(Yes, no, or unknown) (If yes give wor or dotes of servi		IN CHARACT	Modicis	
L					
ı	1B. CAUSE OF DEATH (Enter only one couse per	line for (o), (b), ond (c).)	-	+	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	ren	uluru	42	CONSELLAND DEATH
ı	DUE TO			1	0
ı	Conditions, if any, which gove) (b)	Atelectaci	's of	De nos bil	lateral
ı	rise to immediate couse (a), (11 12 11 11 11 11 11 11 11 11 11 11 11 1	1	ensity .	
ı	storing the underlying couse		v	//	
	, (9				The War wishes
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	ADITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
F	5				YES XXX NO
	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CALLSE OF DEATH (IF FITHER NOTIFE MEDICAL FRAMINE)	20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port 11 of item 1B.)	
	5 20r TIME OF INHIPY Month Day Year	20d INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form	n, 20f (City or town)	(County) (State)
15	로 Houro.m.	While Mot While focto	ory, street, office bldg., etc.		()
ı	2.111	at work at work		267	
	21 1 certify that (I) (this threspital)	attended the deceased fram N	ov. 5,	967, to Nov. 5,	, 19 <u>6.7</u> , that (I) (30%) la
	saw the deceased alive an No.	. 5 1%57, and that	death accurred at):55PM, fram causes or	
	220. SIGNATURE	\sim 1	ATTENDING	MED. STAFF	22b. DATE SIGNED
ı	mercer	worky M.D	PHYS XX	DIRECTOR PHYS	11-5-67
ı	22c. PHYSICIANS	. 160	354 VDDDL.		
1	NAME (Type) Andrew G. Ar	confy, N./D.\	6803 Good	Luck Rd New	CArrollton, Md.
1	230 BURIAL CREMATION 23b DATE THEREOF	YSC NAME OF CAMETERY OR C	REMATORY	23d LOCATION (City or Town	n) (County) (State)
	230 BURIAL CREMATON 23b DATE THEREOF REMOVAL (Specify) 11-11-67	Prince George			
-	24. FUNERAL DIRECTOR	The spirit a			STRAR'S SIGNATURE,
	11 VILLAM	The state of the s	N	11 4 1967	The state of the s
	William A. Parker	Cheverly, Md.	DATE		y



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13331 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 1. PLACE OF DEATH o. STATE District of Columbia, Washington o. COUNTY Prince George MARYLAND c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, E LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Washington Two months Hvattsville e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 2101-16th Street, N.W. YES NO IX Sacred Heart Home, 5805 Queens Chapel Rd Middle Last 4. DATE 3 NAME OF carban, DECEASED OF DEATH 18 19 67 November McGolrick (Type or phat) IF UNDER 1 YEAR | IF UNDER 24 HRS. AGE (In years 8 DATE OF BIRTH SEX 6 COLOR OR RACE NEVER MARRIED 7 MARRIED last birthday) Manths Days Hours female white WIDOWED I DIVORCED July 18, 1889 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) 10g. US. JAL OCC JPATION (Give kind of work done 10b. KIND OF BUSINESS OR United States during most of working life, even if retired) INDUSTRY New York Horye Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME burial, crematian, ar remaval, Richard Purcell Mary McCabe 16. SOCIAL SECURITY NO 17. INFORMANT Address IS. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wer ar dates of service) Sacred Heart Home, Hyattsville, Maryland 579-44-9640 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave nse ta immediate cause (a). DUE TO stating the underlying cause director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) anjenioscherosis NO L YES [205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20m ACCIDENT WAS UNDERLYING CZ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED **DIRECTOR:** After this factory, street, affice bldg., etc.) Not While at wark at wark 21. I certify that (i) (this haspital) attended the deceased fram 5 CPT 18, 19 67, to NOV 18, 19 67, that (I) (we) last saw the deceased glive an NOV 17 19 67, and that death accurred at 105 AM, fram causes and an the date stated above. 22b. DATE SIGNED 22a SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S AMILTON ST NAME (Type) 23b DATE THEREOF 23d LOCATION (City or Town) 23a BURIAL, CREMATION, SUITLAND, 2Sa. REC'D BY REGISTRAR 20 M 1/66



CERTIFICATE OF DEATH

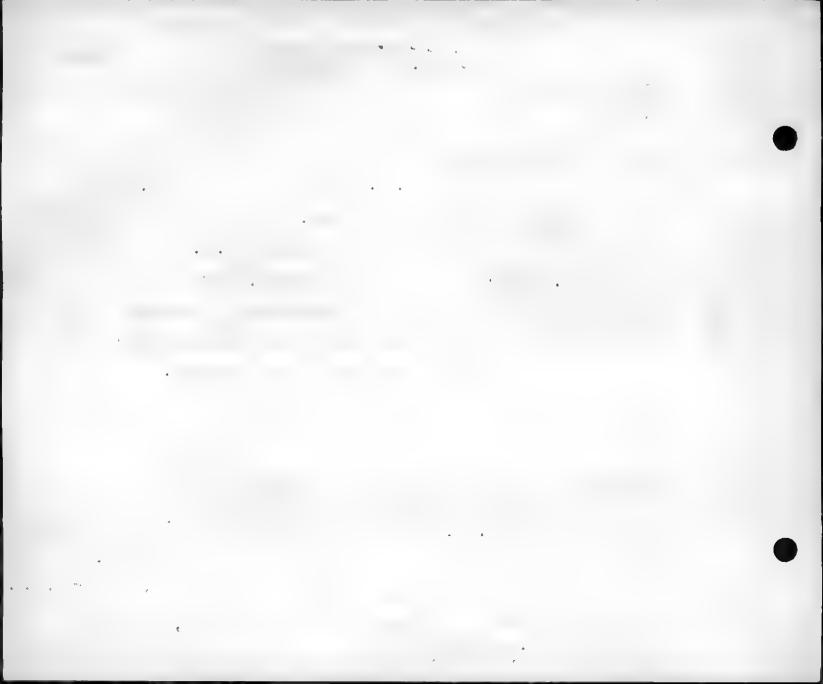
	- REKTITICATE	OF DEATH		23352			
1. PLACE OF DEATH g. COUNTY	•	2. USUAL RESIDENCE (W	There deceased lived, if institution b. COUNTY	Residence befare admission)			
Prince Georges	MARYLAND	Maryland		ce Georges			
b CITY OR TOWN (If outside corporate limits, c. 1 write RURAL and give nearest town)	LENGTH OF STAY IN 16	c City OR TOWN (If our	iside corporate limits, write RURA	L and give nearest town)			
Cheverly	3 days	District H	eights				
d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give s	treet address)	d STREET ADDRESS		e IS RES DENCE ON A FARM?			
Prince Georges General Hosp	ital	7422 Marbu	ry Drive	YES NO			
3 NAME OF First DECEASED	Middle	Lost	4 DATE Month	Doy Year			
(Type or print) Mark		1cNally	DEATH NOV.	23. 19 67			
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min			
Male White WIDOWED	DIVORCED	Nov. 4, 19		19			
10a USUAL OCCUPATION (Give kind of work dane 10b KIND 0 during most of working life, even if retired) INDUSTI	F BUSINESS OR	11 BIRTHPLACE (County 8	State, ar fareign country)	12 CITIZEN OF WHAT COUNTRY?			
NA.	ŶA	Washingto	n D. C.	USA			
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	AME				
William P. McNally		Susan C.		<u></u>			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, quarunknown) (If yes give war or dates of servicil)		INFORMANT	Address				
		illiam McNal	ly Same As #	2			
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (PART I, DEATH WAS CAUSED BY:				INTERVA. BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Multip	le acute gas	stric ulcers	with hemorrha	ge;			
DUE TO			1 * 4 2 -	26			
rise to immediate cause (a)	pseudo-membr	caneous ente	ro-colitis.	Con			
stating the underlying couse	stating the underlying couse DUL TO						
lost. (c)	AT L DUT HOT DELATED TO	T. If TENTINGAL DISTAGE COL	DIVIOU COICU IN BIRT I/ \	I 19 WAS AUTOPSY			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	AIR BUI NO! KECAIED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART I(Q)	PERFORMED?			
200 ACC DENT WAS UNDERLYING □ 20b DESCRIB	T JOH INNIBY OCCUPATO	(fater nature of course of	Part I or Part II of Item 1B)	YES *X NO			
☑ OR CONTRIBUTING ☐ CAUSE OF DEATH	E HOW INJURY OCCURRED	(knier nature at injury in i	ogrit or portri or item is j				
	OCCURRED 20e P.A.	CE OF INJURY (Hame, form	. ZOf (City or town)	(Caunty) (State)			
Haur a.m While	Nat While fact	ory, street, affice bidg., etc.)	(2) (2) (3)	(capati) (state)			
21. 1 certify that (1) (tax tax tax tax tax attended		11	0 +0 27 22	10.6 % that /1) /wa\ la			
saw the deceased alive on Nov. 23		t death accurred at	4 • 2 5AM from couses or	, 19 <u>67</u> , that (1) (we) lo			
220 STGMATURE	7			22b DATE SIGNED			
I foliam & brinch	M.E		MED STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR	Nov. 24, 1967			
22c. PHYSICIAN'S		22d ADDRESS					
NAME (Type) Kelvin Minchin, M.	. D.	6400 Marlt	oro Pike, SE,	Washington, D.C			
	C NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	(County) (State)			
Burial 11/25/67	Resurrection	Cemetery	Clinton, PG	Maryland			
24. FUNERAL DIRECTOR ROBERT E. WILHELM F	LINERAL HOME		BY REGISTRAR 25b REGIS	STRAR S SIGNATURE			
4308 SUITLAND ROAD, SUITLAND	MARYLAND	DATENO	V 3 0 1967 30	liarles Judge			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital or attending physician

VIII A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers! Pages should be filed with the State Dept of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after the other process.



87 891

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- 4083

_			The state of the s	
PLACE OF DEATH			eceased lived, if institution Resi	dence befare admission)
Prince George's	MARYLAND	d STATE Maryland	b COUNTY Prince	George's
b CITY OR TOWN (If outside carparate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (f autside ca	rparate in ts, write RJRAL and	
write RURAL and give nearest town) Riverdale	DOA	Hvattsville	3	1
d NAME OF HOSP TAL OR INSTITUTION (If not n h	aspital, give street address)	d STREET ADDRESS	-	e IS RESIDENCE
Leland Memorial Hospi	tal	3602 Hamilton	Street	ON A FARM? YES NO 3
3 NAME OF First DECEASED TO THE OFFICE OF THE OFFI	Middle	Last 4 DA		Day Year
(Type or print) Norma	an Henry		ATH 17	19 19 67
S SEX 6 COLOR OR RACE 7 N	MARRIED A NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years IF UND ast pirthday) Manth	S Days Haurs Min
Male White W	IDOWED D YORCED	8-2-1917	50 Yrs	2 Daks udois Will
10a JSUAL OCCUPAT ON (Give kind of work done	10h K ND OF BUSINESS OR	11 BIRTHPLACE (State ar fare)		C TIZEN OF WHAT
Radiow or or sorvice	OWHer .	New York		U.S.A.
13. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN NAME		
Roy E. Mihill		Lila M. He	witt	
IS WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Address	
(Yes, 110 Jaknawn) (If yes give war ar dates af serv	578 05 5623 B	lanche E. Mihi	ll Same as #2	(wife)
1B CAUSE OF DEATH (Enter only one cause pe	r line far (a), (b), and (c).)			INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	Heart failure			ONSET AND DEATH
	Arteriosclerotic h	eart disease		unknown
Canditians, if any, which gave) (b)				
rise to Immediate cause (a), Stating the underlying cause DUE TO	-			
last (c)				
PART I OTHER SIGN F CAN'T CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERM NAL DISEASE CONDITION	G VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
PRIMARY I or CONTRIBUTING C	206 DESCRIBE HOW INJURY OCCURRED	(Enter nature of in cry in Part 1 a	Part II of item 18.)	
20c TIME OF NJURY Manth Day, Year Have a.m. 19		ACE OF INJRY (Hame, farm, 2 tary, street, affice bldg , etc.)	Of (City ar town)	(Caunty) (State)
21. I certify that I took charge of	the remains described above, his	eid on Autopsy . Insp	ection x Inquiry x	ond in my opinior
death resulted from Notural sa		cide . Hom cide .	Undetermined monner	
0 //		CHIEF MEDICAL EXAMIN	_	
ACTUAL SIGNATURE	2 Kety	M.D. ASSISTANT MEDICAL EX	AMINER 🔲	22. DATE SIGNED
EXAMINER'S John Kehoe, M.	D. Riverdale, M	DEPLTY MEDICAL EXAM	Casa	11-20-67.
230 BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23c	L LOCATION (City or Town)	(County) (State)
B & 404 & 15pec(fy) / 11/22/6	7 George Was	shington H	yattsville P.	G. Md.
24 FUNERAL DIRECTOR	ADDRESS	25a REC D BY RE	GISTRAR 256 REGISTRAR	S SIGNATURE -
Francis Gasch's Sons	Hvattsville, Md.	DATE NOV 2	4 1967 Jolia	res Judge

FOR STATE HEALTH DEPT O DEPUTY MEDICAL EXAMINER: This certificate shawled be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm. PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of TO DEPUTY MEDICAL EXAMINER:

Health prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VR A 15ME (5)



15892

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

L_										2 20 21	64	L.	
	PLACE OF DEATH					2. USUAL RESIDENCE (Where dece			Res dence	before	odmissi	on)
I	rince Ge	orge's		MARYLAN	0	o STATE Marvland			COUNTY	Geor		1	
	6 CITY OR TOWN (f outside corporate limit	ts,	c LENGTH OF STAY IN 18		CITY OR TOWN (If or	utside corpo	prote limits, write	RURAL	and give	negres	fown)	
	Cheverly	d give nearest tawn)		16 days		Greenbelt							
	d NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospital, g	<u></u>		d. STREET AOORESS			-		-		DENCE
I	Prince Ge	orge's Gen	eral Ho	spital		6124 Brees	boow	Drive a	£2.01		- } ,	ON A F.	NO [∑]
	NAME OF		ırst	Middle		Lost	4 DATE		Month		Doy	Ye	31
	DECEASED (Type or pant)		Bee	Α.	M	oores	OF DEAT	H Ne	ovem	her :	21.	19	67
Ş.	SEX	6. COLOR OR RACE	T -	NEVER MARRIED		OATE OF BIRTH		9 AGE (In year	rs IF	UNDER 1	YEAR	IF UNDER	24 HRS.
1	fale	White	MIOOWED	OIVORCEO [5	9/6/81		lost birthdoy		lonths	Ooys	Hours	Min.
100	. USUAL OCCUPATION	(Give kind of work done	10b. KI	ND OF BUSINESS OR		11 BIRTHPLACE (County	& Stote, or			12 (11)			
gur.	ing most of working Clergy	/man	c)	oustry n urch		Texas				- 40	NIBY?	A	
13.	FATHER S NAME					14. MOTHER'S MAIDEN	NAME						
	A.	lex Moores				Nancy A	asnoy						
15.	WAS DECEASED FVE	R IN U.S. ARMEO FORCES?	of soppies) 16. S	SOCIAL SECURITY NO		FORMANT			Address	24.3			
(1)	s, no, or unknown)	(If yes give wor or dotes	or service 219	54 8045	Mol	lie E Moore	28	Greenbe.	It,	Md.			
		ATH (Enter only one co	use per line for	(o), (b), ond (t))								RVAL BET	
	PART I DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Und	etermined.							UNS	ET ANO (JEA!H
	/	DUE	TO										
	Conditions, if ony, rise to immediat		(b)										
	stoting the under		10										
	lost.)	(c)										
CERTIFICATION	PART II. OTHER SH	GNIFICANT CONDITIONS	CONTRIBUTING T	O OEATH BUT NOT RELATED	10 1	HE TERMINAL D SEASE CO	NOITION GI	VEN IN PART I(o)			WAS AUTO PERFORM	
EEC	20a ACCIDENT WAS	UNDERLYING	20b. 0E	SCRIBE HOW INJURY OCCUP	RED (Enter noture of injury in	Port For P	Port II of item 18	1			-A.A	··· <u>L</u>
		CAUSE OF OEATH MEDICAL EXAMINER)											
MEDICAL	20c TIME OF INJU	JRY Month, Day, Year	20d 1N	JURY OCCURRED 200	PLAC	E OF INJURY (Home, form	n, 20f	(City or town	1)	(Con	ity)	((Stote)
MED	Hour o.n	n. 10	White at war	Not While	focto	ry, street, office bldg, etc)	1					
		7		ded the deceased fra	m	SUL	19/	to Nov.	21	1967	Z, th	at (1) 6	evac) las
		eceased alive on_				death accurred at	2:05	M, from caus	es and	an the	date	stated	abave
	220. SIGNATURE	1/1, 1' 1	11,	11.11	1	ATTENDING -	MED	STAFF		22b DAT	E SIGNE	D	
		111	11/1/1	Notte	M O	PHYS ZAM	DIRECTOR			Mor	1. 2	2,19	167
	22c. PHYSICIAN'S NAME (Type)		V			22d ADDRESS	-	m # # -					
		William		ntraub, M. I		Professi							
230	BURIAL, CREMATIC	1 i		23c. NAME OF CEMETER				LOCATION (City o	,	,	County)		tote)
	Burial Specify		, 1967	Ft Lincoln	1 Ce			lmar Ma					
24	i. Funeral directo	R F. Gasch's	Sons	Hyattsville,	Mc		O BY REGIS			FRAR'S SIG			
1	*					L OATENI O	11/ 9 5	1007	EFF V	100-08	a.	8	in .

10 FUNERAL DIRECTOR: After this certificate has been lighed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon depers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 22 haufs after death. TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be emecuted within 24 hours after Page 4 may be estained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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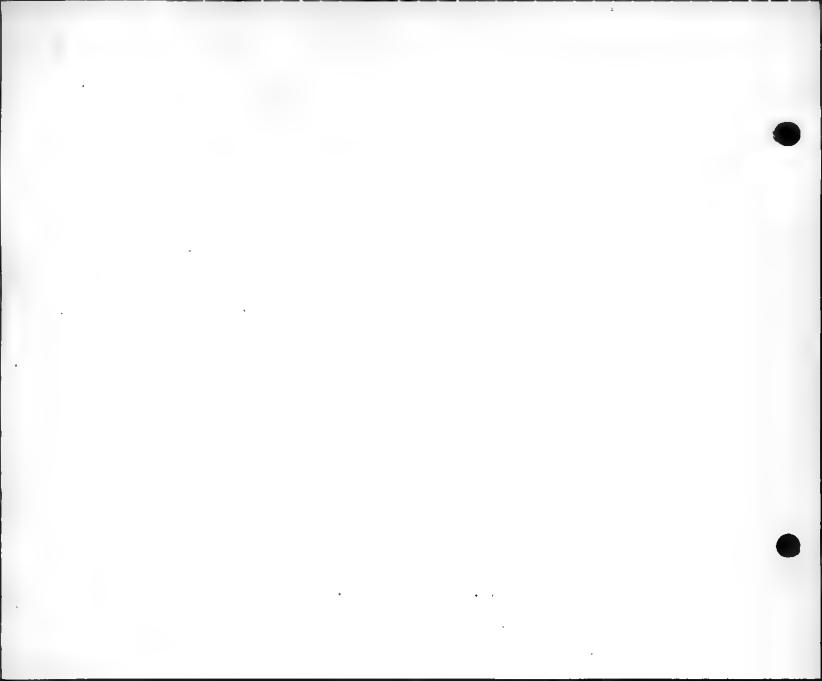
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١		039	MEDICAL EXAM	UINEK.2	CERTIFICATE O	F DEATH	10000	
	1. 1	PLACE OF DEATH			2. USUAL RESIDENCE (V		itian: Residence before admis	sion)
	(COUNTY COUNTY		WARYLAND	O. STATE	b. (0)	unty e George's	
1		Prince George CITY OR TOWN (1 autside carparate limit	. 0		Maryland		URAL ond give neorest town)	
		write RURAL and give nearest town)	s, c. LENGIN OF SI	QI MITAL	C CITT OK TOWN (IF OU	iside corporate illinis wine k	JEAL ONG GIVE REGIEST TOWN,	
		Riverdale	DOA		Berwyn He	ight s	,	
	d	NAME OF HOSPITAL OR INSTITUTION (fine	at in hospital, give street address)	d STREET ADDRESS		e IS RE	SIDENCE FARM?
	т	eland Memorial Hos	nital		5928 Berwy	n Road		NO X
1		NAME OF	irst Middle		Last		nth Day 1	Year
1	[DECEASED				OF DEATH	7 73 K	9 67
1	5 5	Type or pnnt) Mick EX 6. COLOR OR RACE			organ B DATE OF BIRTH	9 AGE (In years	. 199	DER 24 HRS
1	3 2	8. CULOR OR RACE	ariar .		B DATE OF BIRTH	last birthday)	Months Doys Hours	
1	M	ale White			<u> 16 April 194</u>			
1	10a.	LSUAL OCCUPATION (Give kind of work done	105. KIND OF BUSINESS OF INDUSTRY)R	11 BTRTHPLACE (State	or fare gn country)	12 CIT ZEN OF WHAT	
ı	aurii	ng most of warking life, even if retired) None	none		Washing	ton D. C.	COUNTRY?	
ı	13.	FATHER S NAME			14 MOTHER'S MAIDEN I	IAME		
ı		David B Mc	organ		Jessie P	Proctor		
ı	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY N	VO 17	INFORMANT	Add	ress	
ı	(Ye	na, or unknown) (If yes give war ar dates o	of service)		David B More	gan Berwyn	Heights, Md.	
		1B. CAUSE OF DEATH (Enter only one cou	use per line for (a), (b), and (c).)				INTERVAL B	
	- 1	DART I DEATH MARC CALICED DV	(o) Respiratory	failure	3		onset and Weeks) DEATH
	-1		10 Muscular dys		4		over 20	7000
		Canditions, if any, which gave 1		crobit			daet, vo	Ars.
	-1	nse ta immediate cause (a).	(b)			_		
1	- 1	stating the underlying cause						
1	- 1	last.	(c)	7 7/147/0 70	THE TERMINAL OFFICE CON	DIVION CINES IN DARK NEW	TA ZANAL OI	ITOPCV
	ᇹ	PART I OTHER SIGNIFICANT CONDITIONS O	ONIBIBILING TO DEATH BUT NO	I RELAIED TO	THE TERMINAL D SEASE CO	INTITUM GIVEN IN PART I(d)	19 WAS AL PERFOR	
	\$						YES	NO X
	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	20b DESCRIBE HOW INJUI	RY OCCURRED	(Enter nature of injury in	Part I or Part II of item 18)		
		CAUSE OF DEATH						
	MEDICAL	20c T ME OF INJURY Month, Day, Year	20d INJURY OCCURRED		CE OF NJURY (Home form		(County)	(stote)
	E G	Hour a.m.	While Mat While at work	foci	tory, street, affice bldg., etc.			
		21. I certify that I took charg		d abave he	eld an Autansy	Inspection 🔀, Inc	quiry 🔀 , and in m	יחומומס ע
	- 1		al causes 🔀 // Accident		cide , Hamicode	_) opinto.
	- 1	death tespited name March	di cooles [X], Accident		CHIEF MEDICAL		Horniei 🔲	
		ACTUAL /	IX 120			ICAL EXAMINER	22. DA	TE SIGNED
		SIGNATURE	1000		HILU			
		EXAMINER'S Kahan	M.D. Riverda	ale Ma		L EXAMINER (X)	11-1/	4-67
	60	NAME (Type) John Kehoe, BURIAL (REMATION / 235 DATE TH				23d LOCAT ON (City or		
	230	BELLOSINI IC. LILA	1			Arlington	own) (County) Virginia	(State)
		Burial / Nov 10	6, 1967 Arling	ton Na	tional			
	24	FUNERAL DIRECTOR	ADDRESS				REGISTRAR'S SIGNATURE	
		F. Gasch's	Sons Hyattsvil	.re, Md	DATE N	10 1 7 1967	ythough In	of the

HEALTH DEP 2, and 3 ta PM3. Page delay is partm after State in pencul in Item 18. Give Pages This certificate should be executed within 24 hours after death Health ar its designated agent, prior ta bural, crematian, ar remaval, and ın any event within the funeral director. Page 4 should be farwarded to the Chief Medical Examiners Office along pages land2 with t 9 5 may be retained far yaur files. necessary, please execute the certificate, writing the ward "pending" TO DEPUTY MEDICAL EXAMINER:

FOR STATE

VR A15ME (5) 6M 1/66



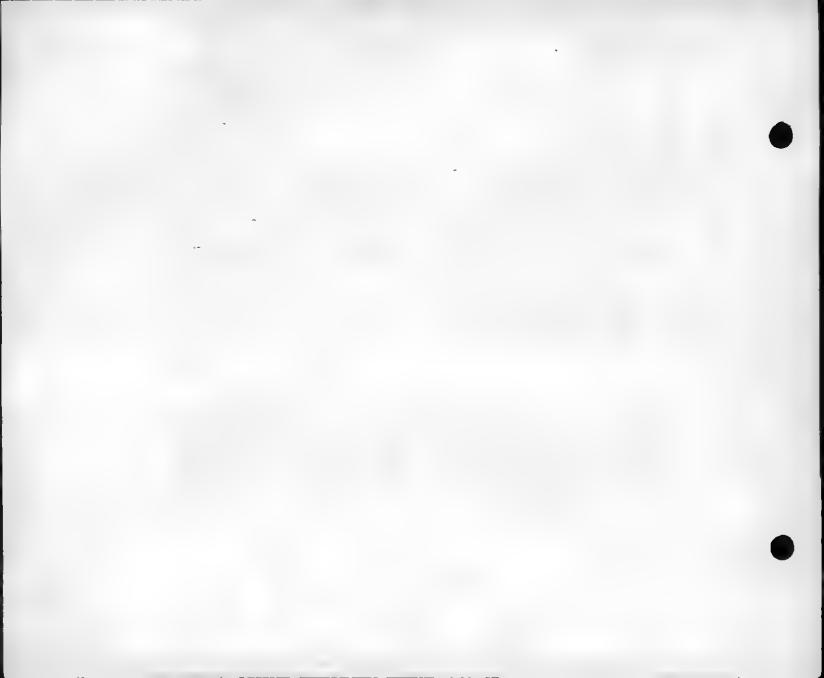
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CERTIFICATE OF DEATH

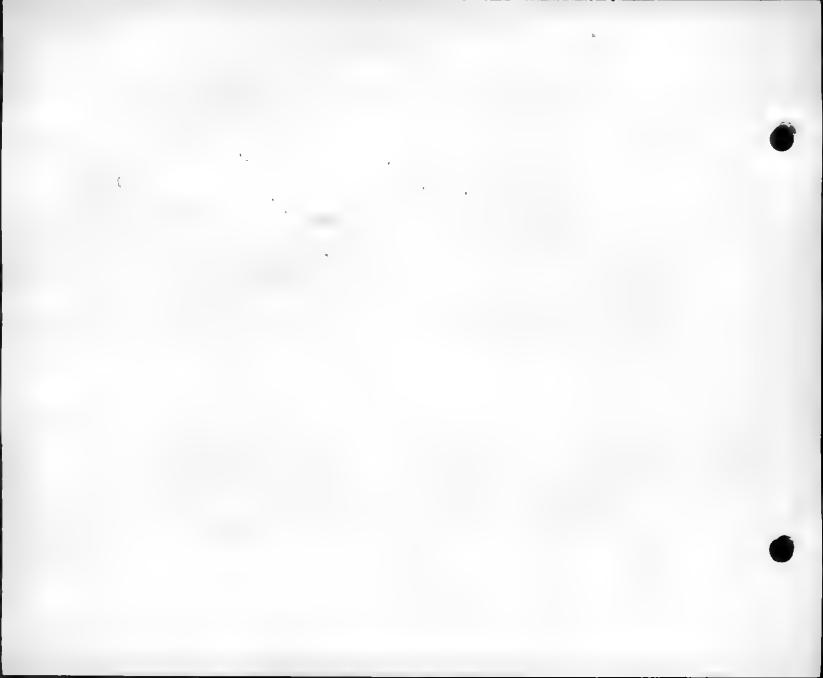
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i	ulf	m	3	to

N		23.30
	PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 6. COUNTY
4	ON. LEO, Co. MARYLAND	U. COUNT
	b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate timits, write RURAL and give nearest town)
	write RURAL and give nearest town)	Washing D. W.
	d. NAME OF, HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress)	d STREET ADDRESS 0 IS RESIDENCE
7	+ 1 · · ·	ON A FARM?
1	Musery for Nast Germe	
	3 NAME OF First Middle	Lost 4. DATE Month Doy Year
	(Type or pant) TOWARD 1, MULL	16 AN DEATH 14 OU, 11 1967
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	11/24/1898 ast birthday) Months Days Hours Min
	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. C T ZEN OF WHAT
	during most of working life, even if retired) INDUSTRY	COUNTRY?
	13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME!
	Wit il & Mullege	THE MOTHER'S MORIDEN HAMILEY
- }	Datrick 2-	Cercia He Hughen
	15. WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, na_rar unknown) (If yes give war ar dates af service)	INFORMANT Address
	Teo WIT 126-18-5642	Robert Mullyan - Casenova N. V.
	18/CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	t will the ONSET AND DEATH
	4331 IMMEDIATE CAUSE (a) UV CLUSTER (b) DUE TO 2 (c)	
	Conditions of any which gave a	my 6 mg
	rise to immediate couse (a).	To Concern the
1	stoling the underlying couse	T 3-0 3 3 00 1
	lost. (d) Ven. Cre	may salares significant
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
-	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLOSE OF DEATH (FERTING NOTICE MEDICAL SWANNER)	AE2 🔲 NO 🔀
	E 20a ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part or Port II of item 1B)
	I = I	CE OF INJURY (Hame, form, 20f (City or fown) (County) (State)
	Hour a m While Nat While of fact	tory, street, office bldg , etc)
	p.m. 17 of work 🗀 at work	10 (() () () () () () () () ()
	21. 1 certify that (I) (this hospital) attended the deceased from	1963 to 1977/, 1967, that (1) (we) last
		t death accurred at $\angle \mathit{LPM}$, fram couses and an the date stated above
	220 SIGNATURE AFT	ATTENDING MED STAFF 22b DATE SIGNED
]	Walter L. Mu () during M.	
	1220 PHYSICIANS NAME (Type) 1/2/750 FM COLUMN	22d ADDRESS
	MALLIER LIVING AWGEY	1101 no Con am) t WASIT DC
	230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (Caunty) (State)
	REMOVAL (Specify) 11/14/1967 Site on these	now mt. Vernon 2, 4.
	24. FUNERAL DIRECTOR ADDRESS	250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
	JAS. T. RYAN, INC. Figur 2 317, PA. PY	ES DAININV 15 1967 Pelianelas Julyan

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 traus after death. TO MOSTHER OR ATTENDED PHYSICEN: The law requires that the death certificate be executed within 24 hours after death. Pagill 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15887 15895 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE ve corbon papers. Pages I event, within 72 hours after Prince George's Maryland Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. sker About , Maryland e IS RESIDENCE ON A FARM? YES NO V 308 Gorman Ave Pod 4 DATE Month Doy Yeor completely DECEASED (Type or print) DEATH 5. SEX NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS lost birthdoy) WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT requires that the death certificate be during most of working life 'even if retired') COUNTRY? removol, and 13. FATHER'S NAME 14 MOTHER'S MAJEEN NAME Marion Gates John Murphy 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address 5 CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p buriol, cremative PART I. DEATH WAS CAUSED BY: ONSET AND DEATH CARCINOMATOSIC IMMEDIATE CAUSE (o) DUE TO PANCREAS CARCINOMA Conditions, if any, which gave rise to immediate couse (a), DUE TO storing the underlying couse last. hos PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTR BUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) ((county) (State) Not White Hour o.m. While factory street, office bldg, etc.) of work 21. I certify that (1) (this haspital) attended the deceased from_ . 1967, that (I) (we) last 19.6.7. to. 11:11 19 67, and that death occurred at 125 AM, from causes and on the date stoted above O FUNERAL DIRECTOR: saw the deceased alive on 220 SIGNATURE 22b DATE SIGNED ATTENDING director, page 3 should be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S O HOSPITAL RIVERDALE NAME (Type) 230 BURAL, CREMATION, 23b DATE THEREOF 23c BAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Hammond



Falls Church F. H., Falls Church, Va.

24. FUNERAL DIRECTOR

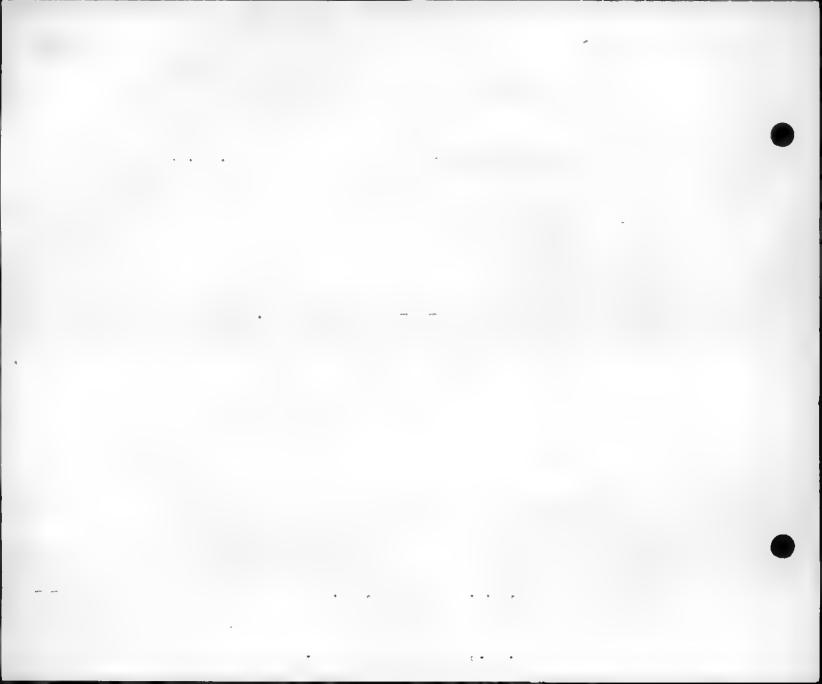
VR A15ME (5)

6M T/67

250 REC D BY REGISTRAR

DATE DEC 5

25b REGISTRAR S SIGNATURE



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	1903	6		CEKTIF	ICATE	UF DEATH			-4.	A () ()	3
1	PLACE OF DEATH a. COUNTY	Prince Ge	orges	MAR	YLAND	2 USUAL RESIDENCE a STATE	(Where deced	ased lived, if instit. b COL		e before	adm ssion) /
Г	b CITY OR TOWN (I	fautside corporate limit	S,	c LENGTH OF STAY	IN ₹b	c CITY OR TOWN (If o	autside carpai	rate mits, write RI	JRAL and give	neorest	town)
	Glenn Dal			2mos.,2 t	wks.	Washingt	on, D.	. C.			4
	d. NAME OF HOSPITA	L OR INSTITUTION (If n	at in haspital, g	ive street address)		d STREET ADDRESS				е	IS RESIDENCE ON A FARM?
	Glenn Dal	e Hospital				No fixed	addre	288		YI	ES NO K
3	NAME OF	F	rst	Middle		Last	4 DATE	Mar	ıth	Day	Year
	DECEASED (Type ar print)	Willi	am	J. P.	Mur	phy	OF DEATI	н 11	,	20	19 67
S.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIE	 	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		IF UNDER 24 HRS
L	Male	White	WIDOWED	DIVORCE		7/3/1912		lost birthday) 55 yrs.	Months	Doys	Haurs Min
		(Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (Count	ty & State or f	oreign country)		IZEN OF Y	WHAT
du	unknown	ife, even if retired) - retired	INI	DUSTRY		N. Y.			(00	UNTRY?	USA
_	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		-		
	Patrick	Murphy				Catheri	ne Cah	alin			
15	WAS DECEASED EVER	PINII S ARMED FORCES?	16 5	SOCIAL SECURITY NO.	17. 1	NFORMANT	ue out	Add	ress		
(Y	es, na, or unknawn} Ves	(If yes give war ar dates 1941–1963	of service)	0-07-9980		Decedent					
F	18. CAUSE OF DE	ATH (Enter only one co	use per line far	(a), (b), and (c).)							VAL BETWEEN T AND DEATH
	, ,	IMMEDIATE CAUSE		chogenic_	carci	noma, left				-5 B	nonths-
	10 1	DUE	TO								
ı	Canditians, if any, rise to immediate	couse for	(b)								
1	stoting the under		TO								
	last.)	(c)							<u> </u>	
2	PART IF OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO 1	HE TERMINAL DISEASE CO	ONDITION GIV	VEN IN PART I(a)			VAS AUTOPSY
ATIO	pulmo	nary tuber	culosis	, far adv	anced					YES	ERFORMED?
MEDICAL CERTIFICATION	20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DE:	SCRIBE HOW INJURY O	CCURRED.	Enter nature of injury in	n Part t or Pa	art L of item 18)			
MEDICAL	Hour o.m	1.0	While	JURY OCCURRED Nat While		E OF INJURY (Home, far ary, street, affice bldg., etc		(City or lawn)	(Cou	inty)	(State)
-	p.m		at wark			0161	10 67	127	20/10/	7	- 445 () (
		y that (X) (this hos ceased glive an	11/20/	jed the deceased	trom and that	9/6/ death accurred a	1:10A	to11/ M, fram causes	and an th	21, tha ne date	t (# (we) las stated abave
	22a. SIGNATURE	live	lve	مر إيا	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS	22b. DA	TE SIGNET 20/6	7
	22c. PHYSICIAN'S NAME (Type)	Moe Wei	ss, M.	D.		22d. ADDRESS	Glenn Glenn	Dale Hos	pital		
23	n. BURIAL, CREMA (10 REMOVAL (Specify)	23b. DATE TH	1	236 NAME OF CEM	EYERY OR	CREMATORY	23d. i	Cation (City or I	ON .	(County)	Va.
2	FUNERAL DIRECTOR	1105 34	36-14 H	ST. WILL.	し。 P	SAY. 250 REC	0 BY REGIST	1967 Sb	EGISTRAR S SI	GNATURE	edse.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Peges I shauld be filed with the State Dept of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours offer . Page 4 may be retained by the hospital ar attending physician.

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requires that the death certificate be executed within 24 hours TO FUNERAL DIRECTOR: After



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

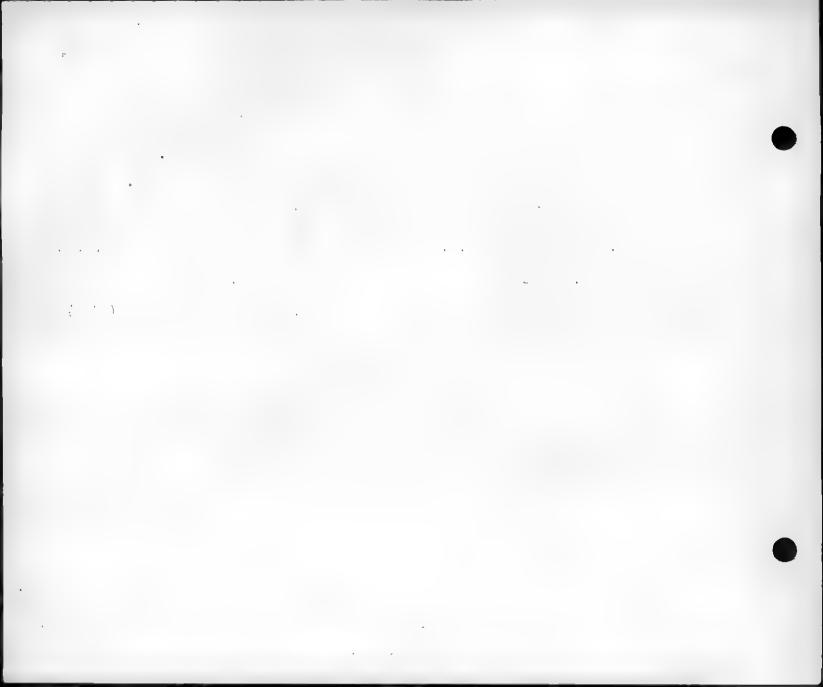
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J.,											
1	PLACE OF DEATH o. (OUNTY					2. USUAL RESIDENCE (V	Where dece			ce before o	odmission)
	Pri	nce George's	5	MARYU	AND	o STATE Mary	land	b (0		nce (George's
	b CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN	1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		d give negrest town)		14 days		Hyattsville				,	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not	ın hospita, g	ive street address)		d STREET ADDRESS					S RESIDENCE ON A FARM?
	Pri	nce George's	s Gene	ral Hospiti	1	4903 Ed	monst	on Ave.		YES	
3.	NAME OF DECEASED	First		Middle		Lost	4 DATE OF		onth	Doy	Year
	(Type or print)		lliam	P.		Nowell	DEAT	19	lov.	17	1967
18	Male			NEVER MARRIED		DANAVOR BIRTH		9. AGE (In years 5 dost birthdoy)	IF JNDER		Hours Min.
		White	MIDOWED	DIVORCED		1/14/08		Aiz			
10s	o USUAL OCCUPATION	(Give kind of work done life, even if retired)		ND OF BÜSINESS OR DUSTRY		11. BIRTHPLACE (County		3 ,,		TIZEN OF W Untry?	
	ing most of working		U. ;	S. Govern	ent	Anne Arur		Co, Md.	U	I.S. A	<u>4.</u>
1	FATHER'S NAME					14. MOTHER'S MAIDEN I		_			
		G. Nowell		CALL STEELD THE SE	1 12 4		E. I	Hartge			
(Y	. WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	farvire)	SOCIAL SECURITY NO.		FORMANT			dress		
		<u> </u>		77 10 7666	AL	ce M. Now	ell	Same as	#2 (v		
		EATH (Enter only one couse TH WAS CAUSED BY:						*** * *.			VAL BETWEEN AND DEATH
		IMMEDIATE CAUSE (o	Seve.	entricular	art	erioscleros	sis w	ith Left			
	Conditions, if any	Which gove)	-	alized peri							
	rise to immediat	e couse (o), (Due To		ic pyelonep							
	stoting the unde					Lower Lobe					
	PART II, OTHER SI	GNIFICANT CONDITIONS CO						VEN IN PART 1(a)			AS AUTOPSY
CERTIFICATION		_						, ,		YES 3	REFORMED?
18	20o. ACCIDENT WA		20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in	Part I or P	art II of item 18.)			<u> </u>
8		CAUSE OF DEATH MEDICAL EXAMINER)						,			
MEDICAL	20c TIME OF INJ	JRY Month, Doy, Yeor	20d IN	IJURY OCCURRED 2	Oe. PLAC	E OF INJURY (Horne, form	1, 20f	(City or town)	(601	uniy)	(Stote)
ME	Hour 'o i	10	While of work	Not While	focto	ry, street, office bldg , etc.)					
i .		fy that (1) (this haspi	tal) attend	led the deceased fr	am. 5	you !	967	†0Naxamba	× 1.7196	7 . that	(I) (we) last
	saw the d	eceased alive on 🖊	79000	<u>~19,6,7,</u> an	d that	death accurred at	10:55	Mram cause	s and an th	ne date s	stated above.
22o. SIGNATURE							STAFF		ATE SIGNED	/	
		1/11/11/11	-/		M.D	PHYS.	DIRECTOR	PHYS		18/	61
	22c. PHYSICIAN S NAME (Type		eitz			Prince G	0000	o Dlaga	Livertte	errille	bM c
	<u> </u>										
	o. BUR AL, CREMATIC REMOVAL (Specify	A		23c NAME OF CEMETE		S. M. TORY	1 -	LOCATION (City or		(County)	(Stote)
	Burial	11/21/	67	St. Mary	'S	1 250 DECE	La BY REGIS		P.G. REGISTRAR'S SI		Md.
1 -		Gasch's Son	s Hyz		ſd.	DATE N		2 1967	JULIAN SI	MATURE	udge
1 *				1 TA	7 0	I DAIL **			11	11	W

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trouts after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filed in by the targetary, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages, should be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 nours after Page 4 may be retained by the haspital ar attending physician.

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the funeral

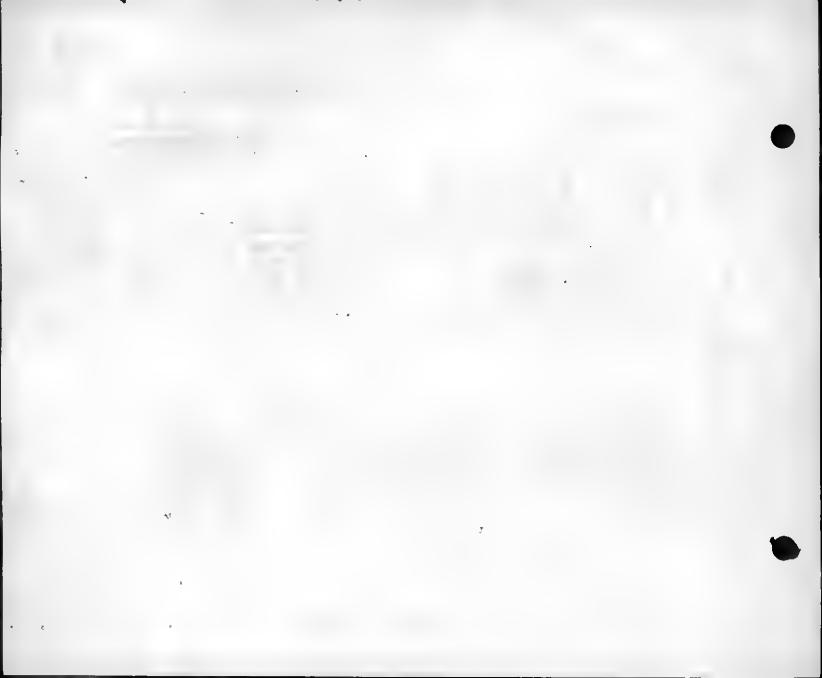


MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- '3UU	CERTIFICATE	OF DEATH		15882
	PLACE OF DEATH a COUNTY P. G.	MARYLAND	STATE MARY	<i>`</i> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PRINCE GEORGES
	b CITY OR TOWN (if outside carparate limits, write \$1184) and give necrest town) FORESTVILLE	7-18-67	COTY OR TOWN (IF our	iside corporate limits, write RUPAL	and give nearest tawn)
	d NAME OF HOSPITAL OR INSTITUTION (If not in ha	spital, give street address)	d STREET ADDRESS 76	02 Elmhurst St	e is residence on a farm? YES NO X
3	NAME OF DECEASED (Type or print) Edwa	Middle MAAY	OWENS	4. DATE Month OF DEATH	Day Year
	F W WID	A	2-25-18	[ast histodox) [1	FUNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min
du	ing most of working life, even if retired)	IOD KIND OF BUSINESS OR HOUSEWIFE	XXXXXX	State, or foreign country) MARYLAND	12 CITIZEN OF WHAT COUNTRY?
L	FATHER'S NAME GEORGE W. BARNES		14. MOTHER'S MAIDEN N		
15 (Y)	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of service NO	e)	NFORMANT THEODORE OW	ENS Sanc	an # 2_
	IB. CAUSE OF DEATH (Enter only one couse per l PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	ine for (a), (b), and (c).) Lympho	SARCOMA	9	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave n'se to immediate cause (a), stating the underlying cause act. (c)				
F CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE	JTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL D SEASE CON	DITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
CERT	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	art I or Part II of item IB)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		E OF INJURY (Hame, form, ory, street, office bldg., etc.)	, 20f (City or town)	(County) (State)
	21. I certify that (I) (this hespital) saw the deceased alive an No.	attended the deceased fram	death accurred at	9 65 , ta No.V. 7 2.¹⁹/_AM, fram causes an	, 19 62 , that (I) (we) last d an the date stated abave
	220 SIGNATURE WBS	heer M.D	PHYS.	MED STAFF DIRECTOR PHYS	Nov. 7,1967
	PHYSICIAN'S NAME (Type) WALTER	B. SHEER	22d. ADDRESS 6400 M AH	Ibono Pike -	SE WASH. DC
23	BUR AL, CREMATION, 236 DATE THEREOF 11/10/67	23c NAME OF CEMETERY OF C	EMETERY		NCE GEORBES, MI.
2	about E Welfely	4308 Buttand	and DATEN ()		STRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 3 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, withten 22 haurs after death Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH 2-2-68 amm DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5901 15893 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA HEALTH DE 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admissign) PLACE OF DEATH a. COUNTY b. COUNTY 2, and 3 ta PM3. Page delay is and 3 ta Prince George's irtment af Prince George's MARYLAND b CTY OR TOWN (It autside carparate | mits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate imits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Riverdale DOA Riverdale e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS to the YES NO X Leland Memorial Hospital 4712 Oliver Street 8 G've Pages ecute the certificate, writing the ward "pending" in pencil in Item 18 Give Page Page 4 shauld we farwarded to the Chief Medica Examiner's Office along with NAME OF DECEASED Middle Month Day (Type or print) DEATH Wendy Star Parks burial-transit permit. File pages 1 and 2 with a nany event within 72 haurs after death. F UNDER 24 HRS NEVER MARRIED S SEX 9 AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED last birthday) Days Haurs WIDOWED DIVORCED 11-9-1967 White Remale 3 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during mast af warking life, even if retired) U S A Pro Geo County Md. none
13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME certificate shauld be executed within Harry W Parks Sr Betty L Woods 15 WAS DECEASED EYER IN L. 5 ARMED FORCES? (Yes, na, ar unknawn) (f yes g ve war ar dates af service) 16 SOCIAL SECURITY NO 17 INFORMANT Address Harry W Parks Riverdale, none Md. no 1B CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))
PART L DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (0) Subdural and subarachnoid hemorrhage Trauma Conditions, if any, which gave rise to immediate cause (a), .⊑ DUE TO stating the underlying cause 19 WAS ALTOPSY PERFORMED? crematian, ar remayal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION GIVEN IN PART 1(a) YES X please execute the certificate, NO MEDICAL EXAMINER: This 20a EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part it of tem 18 3 shauld PRIMARY TO OF CONTRIBUTING Hit on face by 16 month old child CAUSE OF DEATH 20c N _ JKRED | 20e PLACE OF NJURY (* n *) | 20f (City ar tawn) ((county) 20c TIME OF NJLRY Manth Day Year while at work ix Living room-home may be retained for your FUNERAL DIRECTOR: Page 11-21 19 67 Riverdale Pr.Geo. Md. 21. I certify that I took charge of the remains described above, held an Autapsy [X]. Inspection [X]. Inquiry [X], and in my apinian the funeral d rectar. Natural couses . Acident X, Suicide , Hamicide death resulted from Undetermined manner 5 may be retaine
TO FUNERAL DIRE

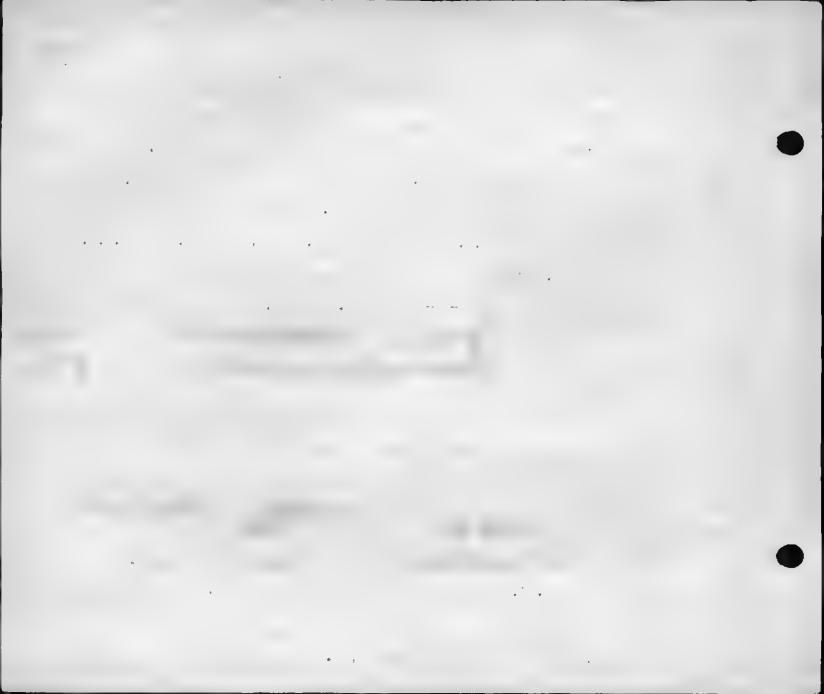
Health prior to b CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 50 **EXAMINER'S** 11-22-67 Mehoe, M.D. John Riverdale, Md. Address (Street, city town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE THEREOF (County) REMOVAL (Specify) Nov24, 1967 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. DAN OV 2 7 19 25b REGISTRAR'S SIGNATURE VR A15ME F. Gasch's Sons Hyattsville, Md. Eliana Judac 6M 1/67

Items 20&21 Film 397

7-269111



	PLACE OF DEAT	н			i)		E (Whare daceasa		ution: Rasideno
		ce Georges		MARYL	AND a. STA	ATE Virgini:	a.	ь, county Fa	irfax
	b. CITY OR TOWN	(if outside corporate lin d give nearest town)	nits,	c. LENGTH OF STAY	IN 1b . c. CIT	Y OR TOWN (II	outside corporata l	limits, write RUR	AL and give r
	Green	nbelt				Vienna			
	d. NAME OF HOSP	ITAL OR INSTITUTION	(if not in hos	pital, give street addres	d, \$71	REET ADDRESS			
		belt Conv		t Center_		1001 <u>3 C</u>	learfield		
3.	NAME OF DECEASED	Firs	sŧ	Middle	L	.ast	4. DATE OF	Month	Day
	(Type or print)	ELIZAE		D.	PARROT		DEATH	Nov	25,
5.	SEX	6. COLOR OR RACI	E 7. MARRIE	D NEVER MARRIED	B. DATE OF		last	E (In years IF UI birthday) Mor	nihs Days
10	Female	Caucasian		Lat. and	<u> </u>		900 67	угѕ.	In citizen o
do	ne during most of w	TION (Give kind of wo orking life, even if retir	red}	IND OF BUSINESS OR I					12. CITIZEN O
13	Clerk_ FATHER'S NAME		I U.S	G.Goverment		HOLLY	New Jers	sey_	U.S.A.
,0.					14, MO11				
15.		arry G. Dut	rall PRCES? 16.	SOCIAL SECURITY NO	, 17. INFORMA		ret Roger		L0013 C
	s, no, or unkown)	lfyasgivewarordaleso	fsarvica)	78-09-95 <i>5</i> 4I		umes M.	Miller		a, Virg
·	NO TO THE REAL PROPERTY OF THE PERTY OF THE	DETENTION IS A SECOND		ina for (a); (b), and (c).			1	-	INT
		TH WAS CAUSED BY, IMMEDIATE CAUSE (a	-Cl	v deag	Der	coming:	eflunce	lv	ON
		TH WAS CAUSED BY, IMMEDIATE CAUSE (a DUE TO y, which liste causa	o P	r diag	Der	comp.	effect to	lv	
NOIL	PART I. DEA Conditions, if an gava rise to immed (a), stating that cause last.	TH WAS CAUSED BY, IMMEDIATE CAUSE (a DUE TO y, which diste causa undarlying Out TO (c)) Cl	Y diag	Der			DITION GIVEN IN	N PART I(a)
FICATION	Conditions, if an gava rise to immedia), stating the cause last. PART II. OTHE	TH WAS CAUSED BY, IMMEDIATE CAUSE (a y, which hate cause undarlying R SIGNIFICANT COND	a) Co	Y diag	Der Ance BUT NOT RELATED	TO THE TERMIN	AL DISEASE COND		1
CERTIFICATION	Conditions, if an gava rise to immed (a), stating the cause last. PART II. OTHE	TH WAS CAUSED BY, IMMEDIATE CAUSE (a DUE TO y, which diste causa undarlying Out TO (c)	a) Clop (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	r dear	Der Ance BUT NOT RELATED	TO THE TERMIN	AL DISEASE COND		N PART I(a)
	Conditions, if an gava rise to immed (a), stating the cause last. PART II. OTHE	TH WAS CAUSED BY, IMMEDIATE CAUSE (e DUE TO Y, which liste causa undarlying GER SIGNIFICANT CONE VAS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER	o) Cooperations Con District Co	ATRIBUTING TO DEATH	BUT NOT RELATED CCURRED. (Entar na	TO THE TERMIN	Part I or Part II of it	tam 18.)	N PART I(a)
	Conditions, if an gava risa to immed (a), stating that causa last. PART II. OTHE 20s. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Hour s.m.	TH WAS CAUSED BY, IMMEDIATE CAUSE (a y, which hase causa undarlying DUE TO R SIGNIFICANT CONE AS UNDERLYING S CAUSE OF DEATH MEDICAL EXAMINER URY Month, Day, Y	o) Display Con DES	TRIBUTING TO DEATH	BUT NOT RELATED CCURRED. (Entar na	TO THE TERMIN	Part I or Part II of it	tam 18.)	N PART I(a) 1
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	Conditions, if an gava rise to immed (a), stating the cause last. PART II. OTHE 20s. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour s.m. p.m. 21. Ceptify	TH WAS CAUSED BY, IMMEDIATE CAUSE (s y, which liste causa undarlying TEXT T	o) Cool of the coo	ATRIBUTING TO DEATH CORIBE HOW INJURY OF INJURY OCCURRED INJURY OCCURRE	BUT NOT RELATED CCURRED. (Enter na 20a, PLACE OF INJU- factory, straet, of	TO THE TERMIN The state of injury in JRY (Home, form office bldg., atc.)	Part I or Part II of it	tam 18.)	(County)
	Conditions, if an gava rise to immed (a), staling that causa last. PART II. OTHE 20s. ACCIDENT WOP CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour s.m. p.m. 21. Captify	TH WAS CAUSED BY, IMMEDIATE CAUSE (e y, which liste causa undarlying GER SIGNIFICANT CONE AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER URY Month, Day, Y hat (i) (this hosp	o) Cool of the coo	ATRIBUTING TO DEATH CORIBE HOW INJURY OF INJURY OCCURRED INJURY OCCURRE	BUT NOT RELATED CCURRED. (Enter na 20a, PLACE OF INJU- fectory, street, of from	TO THE TERMIN TO THE TERMIN Part I or Part II of it 20f. (City or to	tam 18.)	(County)	
	Conditions, if an gava rise to immed (a), staling that causa last. PART II. OTHE 20s. ACCIDENT WOP. CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour s.m. p.m. 21. Captify saw the decea 22s. SIGNATURE	TH WAS CAUSED BY, IMMEDIATE CAUSE (e DUE TO Y, which liste causa undarlying OC R SIGNIFICANT CONE OC AS UNDERLYING OC ACUSE OF DEATH MEDICAL EXAMINER URY Month, Day, Y 19 That (i) (this hosp sed alive opa	o) Cool of the coo	ATRIBUTING TO DEATH CORIBE HOW INJURY OF INJURY OCCURRED INJURY OCCURRE	BUT NOT RELATED CCURRED. (Enter na 20e, PLACE OF INJU- factory, straet, of from	TO THE TERMIN JRY (Home, ferm office bldg., atc.	Part I or Part II of it 20f. (City or to 19, to	tam 18.)	(County)
	Conditions, if an gava rise to immed (a), staling that causa last. PART II. OTHE 20s. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJ. Hour s.m. p.m. 21. I certify saw the decea	TH WAS CAUSED BY, IMMEDIATE CAUSE (e DUE TO Y, which liste causa undarlying DUE TO (c R SIGNIFICANT CONE AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER URY Month, Day, Y 19 That (i) (this hosp sed alive opa	object 20b. DES	ATRIBUTING TO DEATH SCRIBE HOW INJURY OF INJURY OCCURRED 1: A at work 1: A ded the deceased 1: A deceased	BUT NOT RELATED CCURRED. (Enter na 20e, PLACE OF INJU- factory, straet, of from	TO THE TERMIN JRY (Home, ferm office bldg., atc.	Part I or Part II of it 20f. (City or to 10, 10	causes end	(County)
MEDICAL	Conditions, if an gava rise to immed (a), stating the cause last. PART II. OTHE 20s. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJ Hour s.m., p.m. 21. Certify Saw the decea 22s. SIGNATURE	TH WAS CAUSED BY, IMMEDIATE CAUSE (e DUE TO Y, which liste causa undarlying DUE TO (c R SIGNIFICANT CONE AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER URY Month, Day, Y 19 That (i) (this hosp sed alive opa	ob Ditions con Ditions con While at wor Dital attended to Wein	ATRIBUTING TO DEATH SCRIBE HOW INJURY OF INJURY OCCURRED 1: A at work 1: A ded the deceased 1: A deceased	BUT NOT RELATED CCURRED. (Enter na factory, straet, of that death oc M.D. ATTE PHYS 22d.	JRY (Home, fermoffice bldg., atc., courred ab., ADDRESS	Pert I or Part II of it 20f. (City or to) 19, to	causes end	(County)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

\$ 5.90 E

1			CERTIFICAT	E OF DEATH		0030
	I. PLACE OF DEATH				Where deceosed lived, if institution: Residen	ce before odmission)
	o. COUNTY Prince George's		MARYLAND	o. STATE Maryla	nd Prince Geor	rels
r	b. CITY OR TOWN (If outside corporate armits,		c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	utside corporate limits, write RURAL and give	e neorest town)
ı	write RURAL and give nearest town) Cheverly		11 days	Mt. Raini	er	
t	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, g	rive street oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1	Prince George's Gen	erel	Hospital	4303 29th	Street	VES NO S
Ė	3 NAME OF First	clai	Middle	Lost	4. DATE Month	Doy Year
ı	(Type or print) Loui	S	Ear1	Pavne	OF November	
h	- A-14		NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In years IF UNDER	
L		WIDOWED	DIVORCED	6/5/1893	lost birthdoy) Months	Doys Hours Min
1	10a, USDAL OCCUPATION (G ve kind of work done	10b. KI	ND OF BUSINESS OR		& Stote, or foreign country) 12 CII	TIZEN OF WHAT
١	during most of working life, even if refired) Retired	CINI	P. Tele.		1 //	UNEY? A.
ь-	13 FATHER'S NAME			14 MOTHER'S MAIDEN	NAME	
ı	John Payne	9		Rober	rta Haynes	
ŀ	IS WAS DECEASED EVER IN U.S. ARMED FORCES?	16 5	SOCIAL SECURITY NO. 17	INFORMANT	Address	
ı	(Yes, no, or unknown) (If yes give wor or dotes of se	rvice) 57	77-01-2066A	Mrs. Haze	l A. Payne (abov	e address)
F	18 CAUSE OF DEATH (Enter only one couse;		(a) (b) and (c))		(Wife)	INTERVAL BETWEEN
l	PART I. DEATH WAS CAUSED BY.		() ()	inome to the	liver and brain.	ONSET AND DEATH
L	IMMEDIATE CAUSE (o)	170	castatic tale	IMORRA LO CHE	TIVET and Diality	
ı	Conditions, if any, which gove) (b)	D	anaha anda da		1.6	
l	rise to immediate couse (a),	BT	ourcoossure ra	rcinoma, rig	ht upper lobe	
Ĺ	stoting the underlying couse (c)					
ı	PART IL OTHER SIGNIFICANT CONDITIONS CONT	RIBITING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART I(o)	19 WAS ALTOPSY
100	P. STAN OF THE STANDON CONTROL	K-DOTTING T	O DEATH DOT NOT KEEPIED IN	THE TORMING DIENT CO.	MOTION CITED IN FAR. I(0)	PERFORMED?
27.74	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF .A.URY Month, Doy, Yeor Hour o.m.	1 20k DES	SCRIBE HOW INJURY OCCURRED	(Enter pature of journe in	Past t or Part II of item 19 1	YES NO
10.20	OR CONTRIBUTING CAUSE OF DEATH	100 00	JEROL HOW WHORF OCCURRE	Carrier no ote or many m	TOTAL OF TOTAL OF HEAT TO	
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF ALURY Month, Doy, Yeor	20d IN	JURY OCCURRED 20e P	LACE OF INJURY (Home, form	n. 20f. (City or town) (Co.	unty) (Stote)
6	Hour o.m.	While	Not While fe	octory, street, office bldg., etc.		and) (see)
	p rec	ot work		1	10 6 0 1 10 11 106	7 11 1/10/ 11
l	21. I certify that (1) (this hospit	al) dirend	ned the deceased tram_	at dooth accurred at	19 <u>60</u> ta <u>NOU</u> , 19 <u>6</u> 7.30 M, from couses and an th	7, that (1) (we) las
I	220 SIGNATURE	- A	17_0 GHQ III	or deom ottomed or		ATE SIGNED
ı	Benjamen S.	mi	2201.	A.D PHYS	MED. A. Plan STAFF	/21/67
l	20° PHYSICIAN'S			22d, ADDRESS	DIRECTOR CO FIND. CO.	/21/0/
ı	NAME (Type) Dr. Benjami:	n S. 1	Miller	3824 34t	h St.,Mt.Rainier, M	ſd.
-	230 BUR AL CREMATION. 236 DATE THERE	OF.	23s NAME OF CEMETERY O			(County) (State)
	REMOVAL(Specify) BUT181 11/24/		Ft.Lincol		Colmar Manor	34.3
1	24. FUNERAL DIRECTORNA lley's F	linen	ADDRESSM+ Pe	inier 250 KF	D BY REGISTRAR 256 REGISTRAR'S S	IGNATURE
	Home Inc.	anor.	Maryland	inier 250 REC	JV 27 1967 Viction	En Judge

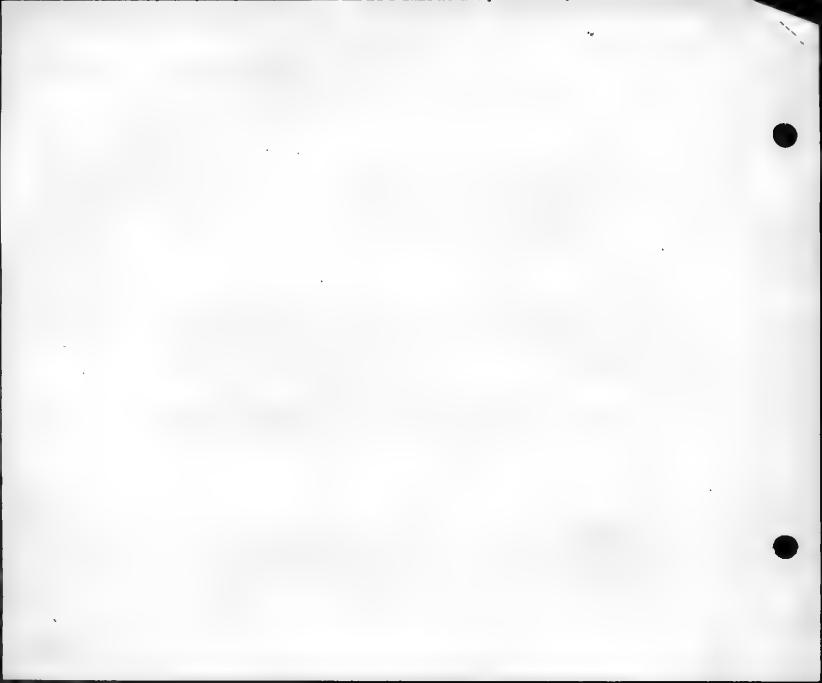
gges I and 2 after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs af 10 FULLRAL DIRECTOR: After this certificate has been signed by the attenting physician and campletely filled-firstly director, page 3 shauld be detached far use as the burial transit permit. Then please remave carban popers. Pagould be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within Retfounds. Page 4 may be retained by the hospital ar attending physician. VR A15 (4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and correlately filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages T and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be semented within 24 hours after death. Page ■ may !!e retained by the haspital ar attending pllysician.

> VR A15 (4) 20 M 1/66

	0	t			CERTIFIC	AIL	OF DEA	ın				7.	720	C	
	PLACE OF DEATH a. COUNTY	·					2. USUAL RESID	ENCE (Where	e decea	sed lived, i	f instituti b. COUN			admissio	n)
	PrINC	p geor	90		MARYLAI	ND	u. sinit				D. COBI			_	
	b CITY OR TOWN (lf autside corparate i ini	s,		GTH OF STAY IN 1		c CITY OR TOW	N (If autside	carpar	ate limits, i	write RUR	A. and giv	re negrest	town)	
	HUATTS	UILLE.	170.	2	month	5	5eAL	Brook	S	MA	144	ANL).	- 1	1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If I	at in haspr	ital, give stre	et address)		d STREET ADDR	ESS		,	~		-	ON A FA	ENCE RM?
	CATTOL		1 R				6701-		A	UEN	UE				NO Z
	NAME OF DECEASED		irst		Middle		Lost		DATE OF		Mont	h	Doy 2/	Yea	,
	(Type or print) SEX	6. COLOR OR RACE	-	100	4eLe		DATE OF BIRTH	her	DEATH	9. AGE fin	VARIES	J IF UNDER		IF UNDER	67 24 HRS
٥.	21.0	O. COLOR OR RACE	7, MARR WIDOW		IEVER MARRIED DIVORCED	느ㅣ	10 - 23 -	10-		Sps by	hday)	Manths	Days	Hours	Min
100	LISHAL OCCUPATION	(Give kind of work done		b. KIND OF 8			11. BIRTHPLACE	/ /		oreign count	yrs. Irv)	12. C	T ZEN OF	WHAT	
dur	ing mast af warking	life, even if retired)		INDUSTRY				INOI			11	CC	OUNTRY?		
	FATHER S NAME	c, sales					14. MOTHER'S N						3 4		
	Home	R SWE	202	u			ANNA	MAL	10	1+0	44	1119	5he	PN	
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES' (If yes give war ar dates		16. SOCIAL S	ECURITY NO.	17 II	NFORMANT				Addre	55 49	22	LA 5A	UCP.
(11		(ii jes give wai ai ooles	ar service,	490.	24-024	_	Sisi	er M.	ba-	Vorez.		Carro	de 1	rono	2110
		ATH (Enter anly ane co	use per line	e for (a), (b).	and (c).)	7	. 7.	1						RVAL BETT	
	Taki i vin	/ IMMEDIATE CAUSI		15 x /	zer Ce.	nle.	v CTACL	ure.					30	bego	
	Canditians, if ony	, which gave)	E TO (b) (Grob	rac V	arie	. The	mbo	بعدو	J			2	mos	ML
	rise to immediat stating the unde		10							10)	91	(4 .	
	last)	(c)	Den	· . a	Win	itrel	ros	الوست	(Ce w	low		0	gu	7 1
NO	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTI	ING TO DEATH	BUT NOT RELATE	ED TO T	HE TERMINAL DISE	ASE CONDITIO	ON GIV	EN IN PART	1(a)			WAS ALTO PERFORME	
ICATI											4-1		YE	S 🔲	40
MEDICAL CERTIFICATION		S UNDERLYING L. CAUSE OF DEATH MEDICAL EXAMINER)	208	b. DESCRIBE F	IOW INJURY OCCU	JRRED. (Enter nature of in	jury in Port i	I or Po	rt II of iten	1 B.)				
DICAL	20c. TIME OF INJI	JRY Manth, Doy, Year		Dd INJURY O	CCURRED 20		E OF INJURY (Hor		20f.	(City ar	tawn)	(Co	iunty)	(5	itote)
ME	pr	n. 19	at	wark 🗀 🛚 i	at wark		17, 311 do 1, 0111 ca 124								
	21. I certi	fy that (I) (this ha eceased alive an_	spital) at	ttended th	e deceased fro	am	yello,			to N		, 194	<u>~</u> /, th		ve) last
	22o. SIGNATURE		7000 0	_	_17 <u>@_/</u>	0 11101	dedili ottori	eu ur <u></u>	(P P P	n, adili	100262		ATE SIGN		andve.
		mer C	/ ~	Tasi	Ex	M.D	ATTENDING PHYS.	MED). Ector	STA PH			1/21	167	,
	22c PHYSICIAN S	T 0	_				22d. ADDRE		110						
	NAME (Type	- VA-74 (- 2)	~/.	1050	COR.		17			· N.					
230	BURIAL, CREMATIC	ON, 23b DATE TO	IEREOF	1	NAME OF CEMETER	RY OR (REMATORY C	14.	7	OCATION (C	ity or Tov	wn)	(County)	a	ate)
1	DURIAL DIRECTO	1100.2	11/76	1/1/	AHAMA A	11/50			REGIST	PAR	THE DE	CISTRAR'S		10/19	N/T
24	HANILDIKECTU	FINIER	1 4	M	John Starting	NARC	.93	NOV 3		1967	COU KE	SISIKAK S	. A	100	
_/	MINION	1 COVIN	- LK	181	my.	1/1	VIL VI	KU V U	U	IVUI				A CONT CO.	



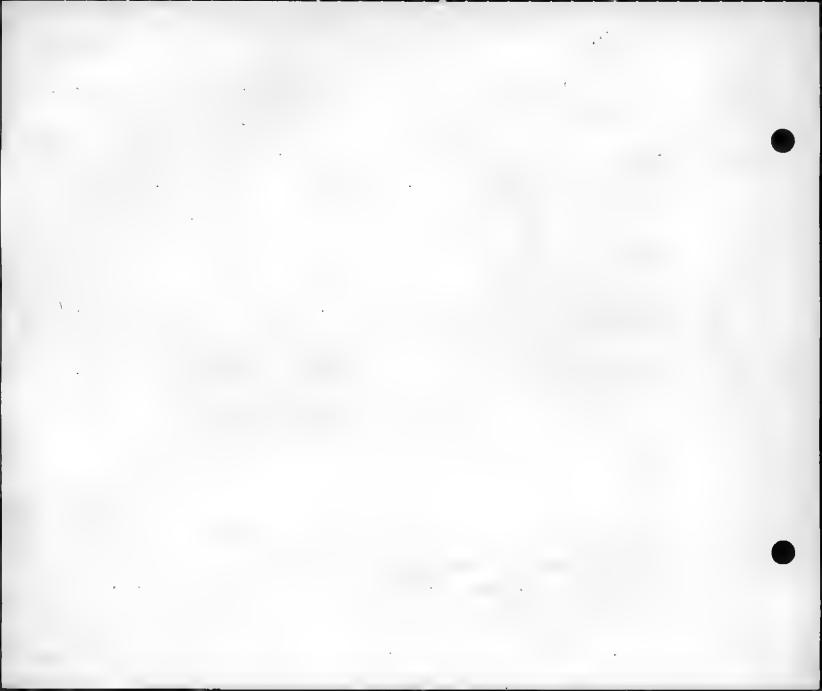
by the junction 2 Pages 1 and 2

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

n	23	Sec.
61.	3 2	13

		550			CERTIFIC	CATE	OF DEATH		1008	7
		PLACE OF DEATH	rince Geo	roe			D STATE	Where deceased lived, if ins	COTINITY	•
					MARYLA			yland		George
	į,	o, CHY UK TUWN (I RURAL and	f outside corporate limit give pearest tawn)	5,	c. LENGTH OF STAY IN	lb	,	tside corporate limits, write	RURAL and give neares	f fown)
							Edmon	ston		16:1
4			AL OR INSTITUTION (If n	ot in hospitol	, give street oddress)		d. STREET ADDRESS	-		e. IS RESIDENCE ON A FARM?
	4	802 51st	Place				4802 51st	Place		YES NO X
	- [NAME OF DECEASED Type or print)		rence	Middle F.	F	owell	4. DATE A	Month Doy 12,	Year 19 67
	5 5		6 COLOR OR RACE	7 MARRIEI	NEVER MARRIED		DATE OF BIRTH	9 AGE (In year		IF UNDER 24 HRS
		lale	White	WIDOWEI				64 birthdoy	5	Hours Min.
	dure	na most of working I	(Give kind of work done ite, even if retired) al worker		KIND OF BUSINESS OR INDUSTRY Onstruction		11 BIRTHPLACE (County Pennsyl	& Stote or foreign country) vania	U S A	
		FATHER'S NAME	al worker		ALIS DE GO OTON		14 MOTHER'S MAIDEN		1	
			Edward Pow				Alice Fer			
	1S (Ye:	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of consiste M	5. SOCIAL SECURITY NO 216-07-6658		NFORMANT rs. Maude	L. Powell S	ddress ame as #2	(wife)
			Land of the same o							
		PART I, DEAT	ATH (Enter only one call H WAS CAUSED BY	use per line t	or (o), (b), and (c).)	<u> </u>	2/1200	j		ERVAL BETWEEN ISET, AND DEATH
		4	IMMEDIATE-CAUSE		147-6-21	17.	N-EZIA	Ly Calle	1	7-17
		Conditions, if only,	Which gave >	18	1 1	1	-4-)/	· · · · · ·		100111
		ase to immediate	e couse (o), ((b) (4	112.11046	CLE	all fr	EUL YM	1.	-K/25/25
	Н	stating the under	lying couse	_						
			ONIFICANT CONDITIONS	(c)	TO DEATH BUT NOT BELAT	TD TO I	UE TERMINAL DISCASS CO.	NDITION GIVEN IN PART 1(o	1 [10	WAS AUTOPSY
)	8	PART II OTHER SIT	MILICANT CONDITIONS	ONIKIBUIINU	O TO DEATH BUT NOT KEEN	ED TO 1	HE TERMINAL DISEASE CO	ADTITION STATES BY LWKI 1(0	'	PERFORMED?
	R	On ACCIDENT INSE	INDENI VINIA ET	1 001	DECEMBE HOW MINING ACC	UDDED.	C-A	Dank Land Dank Harf Access 3D		ES NO
	L CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY)		200	DESCRIBE HOW INJURY OCC	UKKED	Enter noture of injury in	Port I or Port II of Hem 18.	-)	
	MEDICAL	20c. TIME OF INSU Hour on		Whi	ilo — Not While —		E OF INJURY (Home, form pry, street, office bldg., etc.		(County)	(Stote)
	_	pn			ork at work		W1 . 5 L 1	0/17/10/10	1 10 17 11	. (1) (.)]
		21. I certify that (I) (this hospital) attended the deceased from 12 v , 1967, to 12 v , 1967, that (I) (we) last saw the deceased alive an 12 v , 1967, and that death accurred at 2 v / M, from causes and an the date stated above								
		220 SIGNATURE	2.	0	1 1		ATTENDING	MED STAFF	22b. DATE SIGN	ED
		3	vmo !	1	mass	M.D	PHYS L	DIRECTOR PHYS	0701/	2117:7
		22c PHYSICIAN S NAME (Type)	Ermo P.	Ingel	, M. D.		22d ADDRESS	Washington	D. C.	,
	230	. BURIAL, (REMATIC		EREOF	23c NAME OF CEMETE	RY OR	REMATORY	23d LOCATION (City o	r Town) (County	(Stote)
		REMOVAL (Specify)		. 196	7 Ft Linco	ln (emetery		nor Pro Geo	, ,
	24	FUNERAL DIRECTO		1 200	ADDRESS				. REGISTRAR S SIGNATU	
		F. Ga	sch's "ons	Hy:	attsville, M	d.	DATE A	01/ 1 4 1007	mile to	Condo

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon, papers, Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within-72 haurs after death. IN MOSFITAL OR AFTERMING MIYSICIAM: The law maures that the death certificate be executed within 24.haus Page 4 may be retained by the haspital or attending physician.



filted in by the funeral!

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filter in by the funeral director, page 3 shauld be detached for use as the bural-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

Medical examiner Dr John Kehoe notified and approved on Nov13;, 1967.

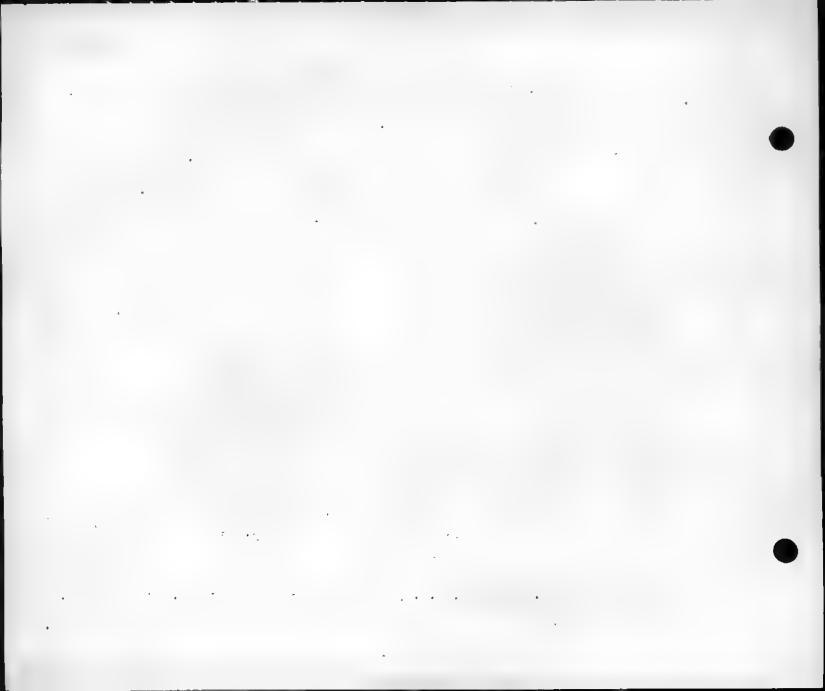
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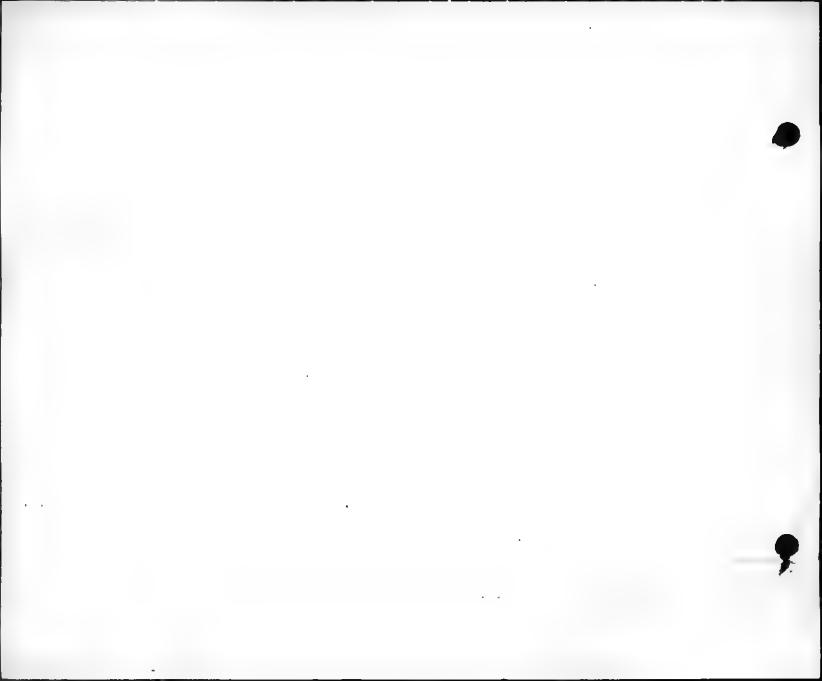
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

П		CERTIFICATE	OF DEATH		10000
ľ	I. PLACE OF DEATH O. COUNTY	MARYLAND	o. STATE	Where deceosed lived, if institution: F	Residence before odmission)
ŀ	b. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 1b	Maryla	tside corporate limits, write RURAL o	
1	write RURAL and give nearest town)				ing give incorest roung
ŀ	Cheverly	15 hrs.	Kentlan	.d	V DIFFERENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
1	Prince George's G	eneral Hospital	7506 Fo	rest Rd.	YES NO 🔀
l	3 NAME OF First	Middle	Lost	4 DATE Month	Doy Year
1	(Type or print) Oli	ver	Price	OF DEATH NOW.	13 19 67
ŀ			8 DATE OF BIRTH	9 AGE (In years IF)	JNDER 1 YEAR IF UNDER 24 HRS
Т	3/ 1. O	WIDOWED DIVORCED	7 07 00		nths Doys Hours Min.
ŀ	Male Cauc. Y Oo USUAL OCCUPATION (Give kind of work done	T 10b. KIND OF BUSINESS OR	7-27-32	35 yrs & State, or foreign country)	12 CITIZEN OF WHAT
	during most of working life, even if retired)	IND!ISTRY			COUNTRY?
Į.	Engineer	D C Government	Virginia		USA
Т	13. FATHER S NAME		14. MOTHER'S MAIDEN N		
L	Claude 0 Price	e	Add	ie M Davis	
Γ	S WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	
ı	(Yes, no, or unknown) (If yes give wor or dates of ser	VICE 577 42 3691 Do	oris J Price	Kentland, Mo	1.
F	18 CAUSE OF DEATH (Enter only one couse p	er line for (a), (b) and (c).)	1		INTERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY.	Cardine arr	act		ONSET AND DEATH
1	5810 IMMEDIATE CAUSE (a) _	CAN OI INC.		0.0	
	Conditions if any which ages 5	Wassive u	abor GI-	bleed, ug	
ı	rise to immediate couse (o), {	1	9		
Т	storing the underlying couse	Hel-D-	bail	,	
L	lost. (c)_	" Jan c Cer	1 1000		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
I	20d ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of miury in I	Port For Port II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH		(2.1.2. 1.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		
		20d INJURY OCCURRED 20e, PLAC	CE OF INJURY (Home, form	. 20f (City or town)	(County) (Stote)
ŧ	20c TIME OF INJURY Month, Doy, Yeor Hour o.m.		ory, street, office bldg., etc.)		(County) (Stote)
1	p m. 17	ot work at work			
1	21. I certify that (1) seeischaspite	d) attended the deceased fram	11/13,1	9 6 7, to 11-13	, 19 <u>67,</u> that (1) (size) last
1	saw the deceased alive an	1/1-13 19 67, and that	t deafh accurred a 9		
1	220. SIGNATURE	\ \ _	ATTENDING	MED. STAFF	26 DATE SIGNED
ı	XXX	MC	PHYS TEM	DIRECTOR PHYS	11-14-67
	22 PHYSICIANS	a Hersberg hos	22d. ADDRESS		/
	NAME (Type) Max M. Herz	berg M.D.	3308 Dode	e Park Rd. Land	over Md.
	230 BURIAL, CREMATION, 236 DATE THEREO	F 23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
ĥ	230 DAIRL, CREMATION, 230 DATE THEREO.	1 200 HAMIL OF CLINETICAL OR	TICTION STORY	700 (000)	(contrib) (store)
Î	PEMOVAL (Spinish)				, , ,
	Burial Nov 17, 1		emetery	Colmar Manor	, , ,



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15899 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission, o. COUNTY Poge ŧ Prince Ceorge's MARYLAND Maryland Frince George's delay b CITY OR TOWN (floutside corporate limits, C JENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and write RURAL and give nearest town) 72 hours ofter 17 days Cheverly Shadyside d NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO P Prince George's General Hospital 8 Give Poges This certificate should be executed within 24 hours ofter death rd "pending" in pencil in Item 18 Give Pog Chief Med.col Examiner's Office olong with 3. NAME OF Lost 4. DATE Month Year DECEASED OF (C) w thin (Type or print) Ida Jane Proctor 1967 DEATH S SEX NEVER MARRIED TO 9 AGE (In years IF UNDER 1 YEAR F LNDER 24 HRS 6 COLOR OR RACE 7 MARRIED lost birthdoy) WIDOWED DIVORCED female white event 10a USUA, OffIIPAT ON (Give kind of work done 10b KIND OF BUSINESS OF 12 CIT ZEN OF WHAT BIRTHPLACE (State or fore an country) during most of working life, even if retired)
He & Pital Worker COLNTRY? Shadyside Md. any pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Ċ pup Œ 16. SOCIAL SECURITY NO or removol, (Yes, no, or unknown) (If yes give wor or dates of service) INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)) 24 hours PART I DEATH WAS CALSED BY IMMEDIATE CAUSE (6) Pulmonary emboli cremotian, Page 4 should be forwarded to the Conditions, if ony, which gove (b) Peripheral Venous thrombosis rise to immediate couse (o), DUE TO stoting the underlying couse 0 (a) Immobilization for treatment of multiple fractures, 17 days burral, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION PERFORMED? NO X its designoted agent, prior to 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port , or Port if of item 18) 3 should PRIMARY TO OF CONTRIBUTING IXI driver of car involved in collision CAUSE OF DEATH 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or fown) (Stote) Whe a Not While of work Rte. 202 & Town Farm Rd., Upper Marlboro, P.G., Md moy be retained for your FUNERAL DIRECTOR: Page at work 7:30am pm. 1967 necessary, please execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X ond in my opinion the funerol director. deoth resulted from: Acudent X. Notwial couses Suicide . Homicide Undetermined monner CHIEF MED CAL EXAMINER **ACTUAL** 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 5 moy be TO FUNERAL Health or i 11-6-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) John! 230 BLRIAL CREMATION 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) NOU 8 1967 REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5 Misseles Judge



15908

	CERTIFICATE	OF DEATH		12300
PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE (V	Where deceased lived, if institu	utian: Residence before admission)
PRINCE GEORGE	MARYLAND	o. STATE MARYL	AND b. cos	PRINCE GEORGE
b. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16		itside carporote limits, write R	URAL and give nearest town)
write RURAL and give negres? town) BLADENSBURG		BLADENSE	URG	
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ospito [†] give street address)	d STREET ADDRESS		e S RES DENCE ON A FARM?
5018-57th AVE. APT. A-	-1	5018-57th	Ave.	YES NO X
3 NAME OF First DECEASED TOTAL TEST	ARETH F.	120.	OF NO	orth Bay Year 8, 167
(Type or print) ELIZE S. SEX 6. COLOR OR RACE 7. MA	12,23,22,	PULLIN B. DATE OF BIRTH	9. AGE (In years	I IF UNDER 1 YEAR IF UNDER 24 HRS
The state of the s	ARRIED NEVER MARRIED DOWED 1	Aug 26, 187	6 . 1 .21 1 .	Months Days Hours Min.
10a USUAL OCCJPATION (Give kind af wark dane duri gangs to swerk ng lip even if rehred)	10b KIND OF BUSINESS OR COWRY Home	Indiana	& Stote, or foreign country)	12 CT ZEN OF WHAT
13. FATHER 5 NAME		14. MOTHER'S MAIDEN I		
John E. Sipe		Mary A.	Hull	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates at service	16. SOCIAL SECURITY NO. 17.	INFORMANT	Add	dress
no (185, 10, 01 unknown) (11 les give wor or ordies of servic	" none pa	uline Campl	bell 17 s	ame as #2
PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a)	Generalizea		Alisease sscierosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING DO	20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Part It of Item IB)	
20c TIME OF INJURY Manth, Day, Year Hauri a.m. pm. 19		ACE OF INJURY (Home, farm tary, street, office bldg., etc.)		(County) (State)
21 I certify that (I) (this hespital) saw the deceased alive an ACV		<i>1 Jane 4.</i> 3. , 1 it death accurred at	957, ta NOV.	2, 1961, that (1) (we) la s and an the date stated abov
22a, SIGNATURE Lacelles Co. La	grage_ M	D ATTENDING PHYS	MED STAFF DIRECTOR PHYS	220, DATE SIGNED NOV. 9, 1967
NAME (Type) Charles C.		33081	Frry St. M	7t. RAIMIEL Md.
230 BURIA, CREMATION, 236 DATE THEREOF 10/11/6	7 Pt. Linco		Colmar Ma	
24. FUNERAL DIRECTOR	ADDRESS	25a. REC D	BY REGISTRAR2Sb F	REGISTRAR'S SIGNATURE.
Francis Gasch's Sons H	Hyattsville, Marv	land DATE NO	0 14 1967	pularles Judge

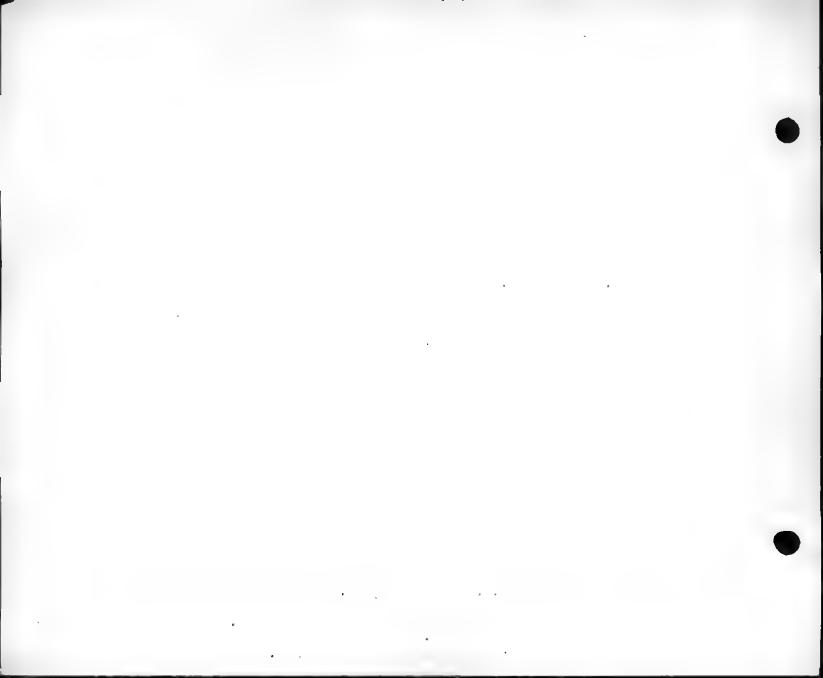
TO HOTFITAL OR ATTINISME PUYSICIAN: The lam requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital as attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campledely fifted in by tractar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Page shauld be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CEDTIEICATE	OF DEATH
MILDICAL	EXAMINER 2	LEKTIFILATE	UP DEATE

FOR STA	ATE	MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	15981
HEALTH D	EPT.). PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution. Re	esidence before odmission)
.e o e.	die Deportment of hours after déorth	O COUNTY Prince George S MARYLAND	o STATE Maryland Prince C	loommo In
deloy is ond 3 to M3. Poge	de la	b CITY OF TOWN (4 nutside corporate limits C LENCTH OF STAY W 16	Maryland Prince C	reorge 'S
y delly, ond	ir d	write RURAL and give nearest town		d give neorest town)
P. C.	portmatter	Cheverly DOA	Bladensburg	15
E I E	S c	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?
es 1, form	fate De hours	Prince George General Hospital	5016 Townesend May	YES NO 🔀
5 C 7E	ACI	3 NAME OF First Middle	Last 4 DATE Month	Doy Year
Give Poge	0	(Type or print) Robert Wilton Ren	froe (JR.) OF DEATH 11	7 19 67
事例底。	within the	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	8 DATE OF BRIM 9 AGE (In years IF o	NDER 1 YEAR IF UNDER 24 HRS
	3 3	Male White WIDOWED DIVORCED	23 June 1934 lost birthday) Mor	ths Doys Hours Min.
24 hours in Item 18 r's Office	le nd Z	100 US. AL OCCUPATION (Give kind of work done) 10b KIND OF RUSINESS OR	11 8IRTHPLACE (State or fore gn country)	12 CIT ZEN OF WHAT
4 % 9	2 %	during most of working life, even if retired) INDUSTRY		COUNTRY?
Frincer's	ges	Active Duty Officer US Army	Vest Virginia	USA
within pencil xaminei	poges lond2 v in ony event			
₩ jd DX	File	Robert W. Renfroe (SR.) living IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17	Madeline Neuben living	
al :	. -5	[Yes, no, or unknown) [(If yes give war or dates of service)]		
nould be executed within 24 hours word "pending" in pencil in Item 1 the Chief Medical Examiner's Office	burial-transit permit. mation, or removol	Yes 524-36-2012	Ruby Gale (Bowers) Renfroe	
end end	t p	18 CAUSE OF DEATH (Enter on y one couse per ne for (o), (b) and (c).)		INTERVA. BETWEEN ONSET AND DEATH
be "p	or	PART I DEATH WAS CAUSED BY. MMED ATE CAUSE (a) Aspiration of gas	tric contents	ONSEL AND DEATH
should be e word "pe o the Chief	s o burial-tra cremation, (X DUE TO And metastatic ca:	rcinoma	
章 ≥ 章	uria atic	(b) From carcinoma of	stomach	
the s	em e	nse to immediate couse (a), stating the underlying couse DUE TO		
ng ng ged	as c	lost. (c)		
This certificate should I cote, writing the word be forwarded to the Ch	used as burial,	PART I. OTHER SIGNIFICANT CONDITIONS CONTR.BUT.NG TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
s ce for	N O	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED FRIMARY Or CONTRIBUTING CONTRIBUTIONS CONTRI		YES W NO
ER: This certificate, ould be fores.	r to	200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of in ary in Port or Part 1 of Item 18.)	1 10 10 10
= = -	prior	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
	3 should ent, prior	30 TIME OF INITIAL DOWN YOUR 1 204 INITIAL OF PRED 1200 P	PLACE OF INJURY (Home, form, 20f (City or town)	(County) (Stote)
the 4 s	ger g	Hour o m. While Not While of work	actory, street, office bldg , etc)	(500117)
XA Jte ge yal	Pog d	p.m. 17 of work C of work		
MEDICAL EXAMINATION PROPERTY OF A STREET O	i RECTOR: Poge 3 sh designoted ogent, i	21. I certify that I taak charge of the remains described above,		
ed to e	E 5	deoth resulted from Notyral causes 🔀 , Accident 🔲 , Si	viade 🔲, - Homiade 🔲, - Undetermined manne	er 🔲
oin oin	des	ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER	
EPUTY MED. A sssary, pleose ex funeral director.	_ 	SIGNATURE TOWN	M.D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
be be	2 5)	EXAMINER'S	DEPUTY MEDICAL EXAMINER 💂	
DEPUTY MEDICAL EXAM scessary, please execute the e funeral director. Page 4 may be retained for yaur	¥ ± ×	NAME (Τγρε) John Kehoe, M.D. Riverdale, M		11-9-67
necessary, the funero 5 moy be	TO FUNERAL DI	230 BURIA, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY O		(County) (State)
=	2	Burial Specify 11/12/67 Arlington 24. Funcial Specify 11/12/67 Arlington Falls Church Funeral Home Falls C	National Com. Arlington,	, Virginia
		24. FUNERAL DIRECTOR	treet 250. REC D BY REG STRAR 25b. REGISTRA	AR'S SIGNATURE
	5ME (5) 1/66	Fairs Church Funeral Home, Falls C	hurch War NOV 1 3 1967 07	Timela Ourse



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH プドロイム funeral should after V 3 1 11 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) COUNTY b. COUNTY by the and 2 and 4 death. Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 <u>ک</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 write RURAL and give neerest town? Pager d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) T.1 fa Upper Marlbere filled i executed willth d. STREET ADDRESS IS RESIDENCE ON A FARM? papers n 72 ho (Main Street Bex 113 completely YES NO K 3. NAME OF 4. DATE Year Month Day Middle DECEASED OF (Type or print) DEATH Charles Edward Ridgely 67 withir 19 Nevember carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years HF UNDER I YEAR 5. SEX 8. DATE OF BIRTH and 78 yrs. Months Days Hours 1889 WIDOWED ! DIVORCED Male remove physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ret'd Carpenter Jhen please I Own Business Maryland _U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Edward Ridgely Marian Marie Sweeney oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unkown) (Ifyesgivewerordetesofservice) W.W.I. 220-09-6257 Marie M. Ridgely-Same permit. as Item 18. CAUSE OF DEATH (Enter only one cause per lige for (e), (b) INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) burial-transit 2527 ending DUF TO Conditions, if any, which geve rise to immediate cause **DUE TO** (e), stating the underlying ceuse lest. (c) certificale PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY \$ p CERTIFICATION PERFORMED? use prior NO H 200 ACCIDENT WAS UNDERLYING COP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Po R: After this detached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I of Part II of item 16.) Health WEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED : 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Month, Dev. Year ŏ fectory, street, office bldg., etc.) While Not While may be retaine DIRECTOR: 3 3 should be dei Dept. et work st work The causes and on the date stated above ATTENDING 22b. DATE 22e. SIGNATURE death. Page 4 O FUNERAL HOSPITAL page DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dra rector, Rebert Sasscer, Upper Marlbere, Maryland 20870 M.D 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) P. F. B REMOVAL (Specify) Burial Upper Mt. Carmel ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Brothers DATE Upper Marlberg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

.1 . JEE ·:/ I.

	CERTIFICAT	E OF DEATH		72200			
1. PLACE OF DEATH a. COUNTY			Where deceased lived, if institution:	Residence befare admission)			
Prince Georges	MARYLAND	o STATE Marvland	b. COUNTY	Georges			
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF ou	itside carporote limits, write RURA.	and give nearest tawn)			
write RURAL and give nearest town) Cheverly	4 3			4 4			
d NAME OF HOSPITAL OR INSTITUTION (If not in has	4 days	d STREET ADDRESS	rg	e IS RES DENCE			
O HAVE OF HOST THE OK HISTORION (II SIGI III HOS	mur, give sineer budiess;			ON A FARM?			
Prince Georges General J	Tognital	2120 Upsh		YES NO			
DECEASED FIRST	Middle	Last	4 DATE Month OF	Day Year			
(Type or print) Edward	d E.	Riles	DEATH NOV.	4. 1967			
. SEX 6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH		UNDER 1 YEAR OF UNDER 24 HRS			
Male Colored WIDO	WED DIVORCEO	3/15/94	lost birthday) M	anths Days Hours Min			
O USUAL OCCUPATION (Give kind of work dane	Ob. KIND OF BUSINESS OR		& State, or fareign country)	12 CIT ZEN OF WHAT			
oring most of working life, even if retired)	INDUSTRY	MA	/.	COUNTRY?			
FATHER'S NAME	znavediggen	14. MOTHER'S MAIOEN	NAME	08-2 77			
21 0.1		-	/3				
Charles MILES		Vennie	5				
S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) {(If yes give war ar dates af service)		INFORMANT	Address	. 7///			
425 WW1	W	MIAM ChASO	4116 Balt. A	TVE Bladensburg			
18. CAUSE OF DEATH (Enter only one cause per li	ne far (a), (b), and (c).)			INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Carcinera	+ Lan	+ Duren care	ONSET AND DEATH			
DUE TO	1	0	J				
Conditions, if ony, which gave) (b)	Motor Ann.	a to te	ven				
rise to immediate cause (a), {		9 10 9					
stating the underlying couse							
	The Table of the Park of the Table of the Ta	THE TENTH OF THE TON	Difference of the part of the	LIO MILO HUTORON			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NOTITION GIVEN IN PART I(c)	19 WAS AUTOPSY PERFORMED?			
				YES NO YES			
200 ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	Ob. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Port I ar Port II af item 1B)				
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
The state of the s		ACE OF INJURY (Home, farm		(County) (State)			
Haur'a.m.	While Not While I fo	ctary, street, office bldg., etc.)					
21. I certify that (#) (this haspital) a		0 . 07 1	967 , to Nov. 4	1067 that the /wal law			
sow the deceased alive on Nov	A 10cm and the	ot death occurred at	11 P M, from causes one	_, 17 <u>0-7</u> , mur (y (we) ius			
	4 176 / did iii	at death occurred of	TT P in, Holli tunzez Our				
220. SIGNATURE 22b. DATE SIGNED							
6 colling for	ensie "	1.0 PHYS	OIRECTOR IS PHYS L	11/1/6)			
22c. PHYSICIAN'S NAME (Type) Edition I Inv	accom M D	22d. AODRESS					
isuwiii 3, 3ci	isen, M. D.	Prince Ge	orges General H	ospicai_			
BO BURIAL (REMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d LOCATION (City or Town)	(County) (State)			
REMOVAL (Specify) 11-9-196	1 BAltimore	· Not	Cotonsville	Md.			
24. FUNERAL DIRECTOR WILL TON & CONC	TAKE ADDRESS	25a. RECT		RAR'S SIGNATURE			
NS WASHINGTON & SONS	F MACH DC	OATN OA	1 1 3 1967 gcc	conles Judges			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requims that the death certificate be executed within 24 hours after meath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban-pages, Pages 1 and should be filed with the State Dept at Health priar to burial, crematian, or remaval, and in any event, within 2 hours after dead should be filed with the State Dept at Health priar to burial, crematian, or remaval, and in any event, within 2 hours after dead Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFI	CATE	OF.	DEATH	
LEKILL	LAIF	13E	HEATH	

15904

		PLACE OF DEATH P. COUNTY TINCE GE						2. USUAL RI	ESIDENCE (\	Where deceased lived, if institution b. COU		befare admission)
						MARYL		o. STATE Mary		Pri	nce Geo	
	- (write RURAL and	lf autside carparate limi I give nearest tawn)	rs,	CL	ENGTH OF STAY IN	Ib			rtside carparate limits, write RL	IKAL and give r	nearest tawn}
						9 days		Seat	Plea	sant		e IS RESIDENCE
			AL OR INSTITUTION (If n	,								ON A FARM?
17			orges Gene		ospi				F. S	treet		YES NO
	1	NAME OF DECEASED	•	irst		Middle		Last		4 DATE Mar	ith	Day Year
	5. 5	Type or print)		Charl		Amos		ogers	Sr.	9 AGE (In years		8. 1967 'EAR' 1 IF UNDER 24 HR
			6. COLOR OR RACE	7. MARR		NEVER MARRIED	川.	. DATE OF BII		lost birthday)		Doys Hours Min.
	_	ale	White	WIDOW		DIVORCED	니	8/26/		49 yrs	12 (17)7	EN OF WHAT
	100.	OS THE CHUPATION	(Give kind af work dans Teopyen if retired)	IVI	BOUST!	BUSINESS OR Ming			irgin:	& State, or foreign country) 12.	COUN	S.A.
		FATHER'S NAME			-			14. MOTHER	S MAIDEN I	NAME - 111		
	Ι	Layton R	ogers						ertn	a Lilly		
	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates			L SECURITY NO.		NFORMANT		Addi		2 4 : 6 1
	(18	no no	(ii yes give war ar aales	al service)	225 2	24 4896	Ma	rguer	ite K	. Rogers San	ie as #	2 (wife)
		1B. CAUSE OF DI	ATH (Enter only one co	use per line	for (e), (l	b), and (s) }		1/2		1		INTERVAL BETWEEN
	-	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o)	0	reliat		Herr	mor	Mege		ONSET AND DEATH
			OUI	TO						0		
		Conditions, if any rise to immediat		(b)								
		stating the unde		10								
		last.	,	(c)								
1	CERTIFICATION	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTI	NG TO DE	ATH BUT NOT RELAT	ED TO T	HE TERMINAL I	DISEASE COI	NDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMEO? YES XXXX NO
	띪	20o. ACCIDENT WAS		20b	DESCRIBE	HOW INJURY OCC	URRED. (Enter nature o	if injury in	Part 1 ar Part II of item 18.)		
			☐ CAUSE OF DEATH MEDICAL EXAMINER)									
	MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Year					F OF INJURY ((Count	ty) (Stote)
	×	p.r	10		hile wark	Not While at work	IDCIU	ary, street, affic	e biog., etc.,			
		21 I certi	fy that ∰) (this ho	spital) at	tended t	he deceased fr	am	Oct. 30), , 1	96.7 . tolov 8.	, 196_7	, that (4) (we) to
	Í		ceased alive on_!	vov.	8,	19 <u>.6.7</u> , ar	id that	death acc	urred of	1 P M, fram causes		
		22o. SIGNATURE	Unvit	1	//	Swels	M D	ATTENDING	3 D	MED. STAFF DIRECTOR PHYS	22b. DATE	Vor 67
		22c PHYSICIAN'S NAME (Type)	Arnold	G. B:	rody,	м.р.		Prin		orges General	Hospit	al
		BURIAL, CREMATIC		EREOF 1/67	230	Ft. Lin	RY OR C	REMATORY 1		Colmar Ma	nor P	onera) Mg-
		. FUNERAL DIRECTO Francis	Gasch's S	ons :	Hyat	ADDRESS tsville,	Md.		2So RECT	OV I 4 1967	EG STRAR'S SIG	NATURE LAS YMAGE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the leoth certificate be executed within 24 hears after death Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEATH DEPT. 1 PLACE OF DEATH O. COUNTY Prince George's MARYLAND CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) Riverdale d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address) Leland Memorial Hospital 3 NAME OF DECEASED (Type or print) S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR ED B DATE OF BIRTH 9 AGE (n lost birth) 1 PLACE OF DEATH O. COUNTY MARYLAND MARYLAND MARYLAND A STATE Maryland C CITY OR TOWN (f outside carparate mits, write RURAL and give nearest town) A STREET ADDRESS 7333 New Hampshire A 1 DATE OF DECEASED (Type or print) S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR ED B DATE OF BIRTH 9 AGE (n lost birth)	inte RURAL and give nearest town) TTS VILE E e IS RESIDENCE ON A FARM? YES NO Month Doy Year
Prince George's MARYLAND Maryland b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) DOA Takoma Park HyA d NAME OF HOSPITAL OR INSTITUTION (f not in hospitol, give street address) d STREET ADDRESS	vinte RURAL and give nearest fown) T.S. V. I. L. E. B. RESIDENCE ON A FARM? VE. YES NO YEAR Month Doy Year
b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Biverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street address) d. STREET ADDRESS d. STREET ADDRESS	PROBLEM CE STATE OF THE STATE O
Riverdale d. NAME OF HOSPITAL OR INSTITUTION (f not n haspital, give street address) Leland Memorial Hospital 3 NAME OF First Middle Lost 4 DATE	ve. e IS RESIDENCE ON A FARM? YES NO
d. NAME OF HOSPITAL OR INSTITUTION (f not n hospital, give street address) Leland Memorial Hospital 3 NAME OF First Middle Lost 4 DATE	ve. e IS RESIDENCE ON A FARM? YES NO
Leland Memorial Hospital 7333 New Hampshire A	Month Doy Year
3 NAME OF First Middle Last 4 DATE	Month Doy Year
	22 00 10 4-
DECEASED (Type or print) Joseph Hungerford Ruddy DEATH	11 30 19 67
	YEAR IF LINDER 24 HRS
Male White WIDOWED DIVORCED 9-4-1899 68	nday) Months Days Hours Min
Male White WIDOWED DIVORCED 9-1-1899 68 100 LSUAL OCCUPAT ON (Give kind of work done during most of work no life even if retired). NDUSTRY INDUSTRY	12 CITIZEN OF WHAT
during most at warking life even if retired TO INDUSTRY RECOUNTANT: D.S. GOVERNMENT MARYLAND	COUNTRY? U.S
ALES SEE ACCOUNTAN DIS. GOVERNMENT MARYLAND 13. FATHERS NAME DUEKI A DUEKI A RECOUNTAN DIS. GOVERNMENT MARYLAND 14. MOTHER'S MAIDEN NAME DUEKI A RECOUNTAN DIS. GOVERNMENT MARYLAND 14. MOTHER'S MAIDEN NAME DUEKI A RECOUNTAN DIS. GOVERNMENT MARYLAND 14. MOTHER'S MAIDEN NAME DUEKI A RECOUNTAN DIS. GOVERNMENT MARYLAND RECOUNTANT MARYLAND RECOUN	
Male White WIDOWED DIVORCED 9-1-1899 68 IOO LSUAL OCCUPAT ON (Give kind of wark done during mpst of work inglife even fretried). III. FATHERS NAME III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS OF OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS ON OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS ON OUNTAIN A RUDD III. WAS DECEASED EVER IN U.S. ARMED FORCES? IVERS ON OUNTAIN A RUDD IVERS ON OUNTAI	OWMAN
IS WAS DECEASED EVER N U.S. ARMED FORCES? IS WAS DECEASED EVER N U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of service) 225 07 7.544 WRS P. VERGINIA RUDD	Address CAAAE ACH
(Yes, no a runknown) (If yes give war ar dates of service) 225 07 7.544 WRS PIVIRGINIA RUDD	AL SAME US. 5
(Yes, no ar unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter an y one cause per line for (a) (b), and (c).)	NTERVAL BETWEEN
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure DUE TO Arteriosclerotic heart disease Conditions, if any, which gove (b) Inse to immediate cause (a), (1) Out to	ONSET AND DEATH
DUE TO Arteriosclerotic heart disease	over 3 yrs.
Conditions, If any, which gove (a) (b)	
nse to immediate cause (a), DUE TO	
last. (c)	
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19 WAS AUTOPSY PERFORMED?
20b DESCR BE HOW N.URY OCCURRED (Enter nature of .njury in Part I or Part II of item	YES NO
20b DESCR BE HOW NURY OCCURRED (Enter nature of injury in Part I or Part II of Item	18)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH 206 DESCRIBE HOW NUMBED CENTER OF TOUR OF THE OF POINT IS OF THE OF	*
D O 45 50 - 1 - 1 TO THAT THOUSEN DOT, 150 1 TO THAT I THOUSEN DOT 1 THOUSE DOT 1 THOUSEN DOT 1 THOUSE DOT 1 THOUS	awn) (Caunty) (State)
Hour a m. pm. While at wark at wark at wark	
21 I certify that I took charge of the remains described above, held on Autopsy , Inspection x	Inquiry 😿 , ond in my opinio
deoth resulted from Naturol couses & Accident , Suicide , Homis de Jundetermi	ned monner
CHIEF MEDICAL EXAMINER ACTUAL	
M D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S John Kehoe, M.D. Riverdale, Md. DEPUTY MEDICAL EXAMINER OF Address (Street, city town, or county)	12-1-67
■ 84 0 5 ±	· · · · · · · · · · · · · · · · · · ·
TO DUMMAL HATTING PAIR OF HEAVEN CENT INTERI	CON, MARYLAND 256 REGISTRAR'S SIGNATURE
VP AISMERSY IN THE PROPERTY OF	250 REGISTRAK'S SIGNATURE



	CERTIFICATE	OF DEATH 15985								
1	PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2 USUAL RESIDENCE (Where deceosed lived if institution Residence before admission) o STATE b. COUNTY Maryland Prince Georges								
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale 21days	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hvattsville								
r	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitor give street oddress) Leland Memorial Hospital	d STREET ADDRESS B IS RESIDENCE ON A FARM?								
3	NAME OF First Middle	Lost 4. DATE Month Doy Year OF								
Ľ	(Type or print) Leon E.M. Ryder SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED	8 DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 1/24/00 67 yrs.								
du	usual occupation (Give kind of work done ng most of working life, even if retired) Education, Painter Building FATHER'S NAME	13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? TISA 14. MOTHER'S MAIDEN NAME								
16	Ryder, Everett WAS DECEASED EVER IN U.S. ARMED FORCES? TO DECEASED EVER IN U.S. ARMED FORCES? TO SOCIAL SECURITY NO. 17	Olhson, Ida NFORMANI Llen D. Ryder, Son, Takoma Park, Md.								
	nse to immediate couse (o).	h multiple Lune ABCESSES STUDIOS								
NO	Storing the underlying couse (c) AND SQUAMOUS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?								
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part c or Part H of Item 18.)								
MEDICAL		ACE OF INJURY (Home, form, 20f (City or town) (County) (State) tory, street, office bldg., etc.)								
	21. I certify that (I) (this haspital) attended the deceased fram 10-17, 19-17, to 11-7, 19-17, that (I) (we) lass saw the deceased alive an 17-17-19, and that death accurred at 15 mm ram causes and on the date stated abave 220 SIGNATURE									
	22c PHYSICIAN'S	D PHYS D DIRECTOR D STAFF D 11/7/67								
23	BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR BENEFIT ALICOLA									
2	Francis Gasch's Sons Hyattsville, M.	250. RACIOT BY REGISTRAR 10 - 356 REGISTRAR'S SIGNATURE								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burnar-transit permit. Then please remaye carbon pages, Pages, shauld be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 72 haurs off VR A15 (4) 25M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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les see	No. of	8.3	1	J

CERTIFICATE OF DEATH

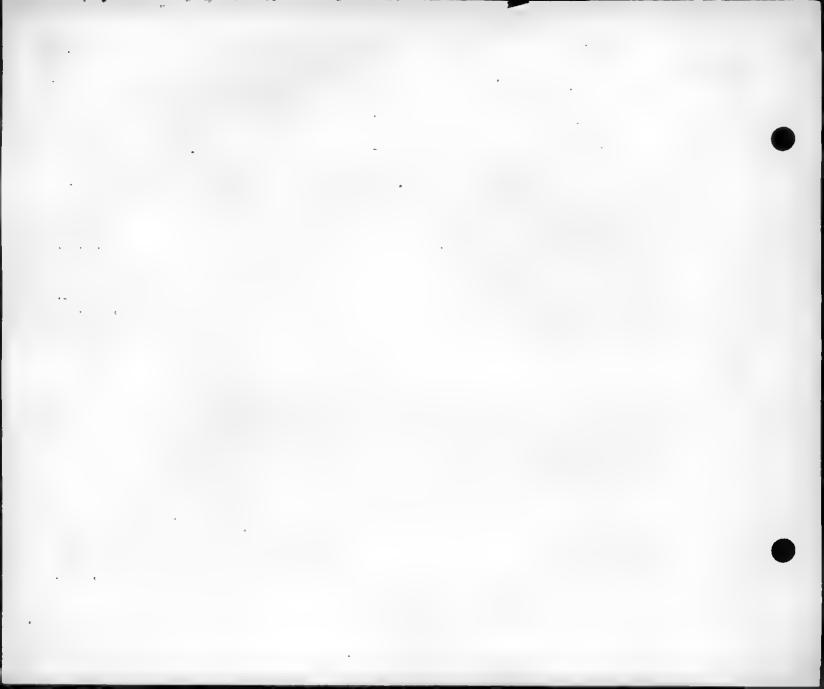
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L									0	
Ï.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) 3. STATE 5. COUNTY 6. COUNTY 6. COUNTY 7.									in)
L	Prince George's MARYLAND					a. STAT Maryland b. COUNTY rince George's c CITY OR TOWN (If autside corporate limits, write RURAL and give necrest town)				
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				Greenbe		KAL and give reores	st fown)		
L						d STREET ADDRESS	EIC		e tš RESID	ENCE
		ce George's	-				idge Rd.		ON A FA	ARM?
3	NAME OF	ce George s	Gene I	Middle		Last	4. DATE Man	th Day		NO P
3	DECEASED (Type or print)	Jose	ph	Carlyl	e	Seward Jr.	OF Novemb		3 19 6	
5	SEX	6 COLOR OR RACE 7.	. MARRIED	NEVER MARRIED	1 8	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER	24 HRS
	Male	White	WIDOWED	DIVORCED [X	11/22/02	64 last birthday)	Months Days	Haurs	Min.
		(G ve kind of work dane		ND OF BUSINESS OR			& State, ar fareign country)	12 CITIZEN OF		
_	ning Carl of Actions	me, even it reineu)	Pen	n. Railroad	1	Michigan		U.S.	Α.	
13	3. FATHER'S NAME	arlyle Sewa	nd Ca	•		14. MOTHER'S MAIDEN N				
-					17			4-		
(DV 10t 1					NFORMANT	909 Call ard Pittsbu	fornia A	ve.	
-				(1) (1)	VII	Serr D. Dew	aru FILISDU		CDVAL DET	MIFFN
		ATH (Enter only one couse H WAS CAUSED BY:	02	(a), (b), and (c).)	20	Eumon	U'		ERVAL BET	
	1/9 IMMEDIATE CAUSE (a) VE TO									
	Conditions, if any, which gave) (h) Meta Static Caricin and 15									
ľ	Inse to immediate cause (a), Storing the underlying cause DUE TO									
	last.) (c)		exc12	10	ny of	7 CYLY LL	4 1	400	W
N	PART II OTHER SIG	GNIFICANT CONDITIONS CONT	RIBUTING TO	O DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	18	WAS AUTO	
CATIC								Y	-	NO kok
CERTIFICATION	20g ACCIDENT WAS	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in f	Part I ar Part II of Hem 18)			
AI C	(IF EITHER, NOTIFY)		20.4	JURY OCCURRED 20	n plan	T OF MULIDA 115 1	20f (City or tawn)	March 1	н	Ctures
MEDICAL	20c. TIME OF INSU	3.0	While	Nat While		E OF INJURY (Home, form, ry, street, affice bldg., etc.)		(County)	(;	State)
[p.m	that (I) (this haspite	at work			A2271 1	95 / ta Nov. 18	, 1 <u>67</u> , th	s=4 (1) /:	un land
							•10p M, fram causes			
	220 SIGNATURE	11 (1	1					22b DATE SIGN		40470
		May CU	UllN	Vous	M.D		MED STAFF DIRECTOR PHYS	11/18		
	22c. PHYSICIANS	777	TIF .	1 7 7 7		22d ADDRESS	Gre	enbelt, N	/id.	
		William C.		_			Professiona			
2.	3a BURIAL, CREMATIO BURIAL (Specify)			23c NAME OF CEMETER			23d LOCATION (City or To		,	tate)
ᆮ	24. FUNERAL DIRECTOR		31	Louden P	ark		Baltimore BY REGISTRAR 4 259. RI	Baltimo		vid.
1		Gasch's Sons	s Harr		ы	DATE N	100 2 2 1967	A SIGNATURE	WE !	Lies
		to be with	- AAV	APPLICATION IV.	444	1 10011		4.5		Date

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers— should be filed with the State Dept. of Health priar ta burial, crematian, ar cemoval, and in any event, within 72 hay

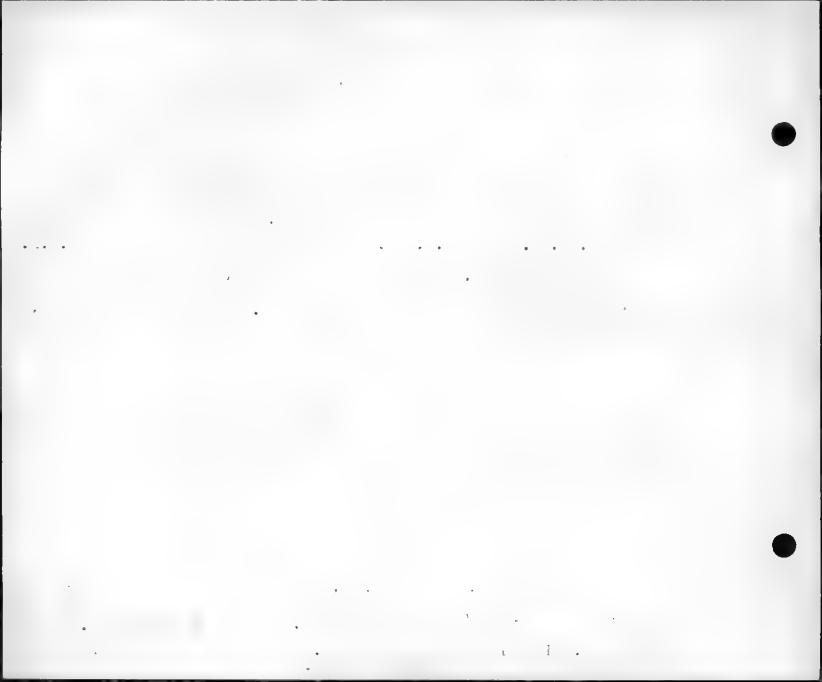
VR A15 (4) 25M 1/67



15918

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FUR STATE		TO MEDICAL EXAMINER 3	CERTIFICATE OF DEATH	5051
HEALTH-DEPT.		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residen	nce befare admission)
7 5 6 7 Z		a. COUNTY Prince George 1c MARY AND	a STATE b COUNTY	
>	\vdash	Prince George 1s MARY_AND b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b	Maryland Prince Ge	eorge's
delay and 3 1		write RURAL and give nearest tawn)	c C TY OR TOWN (If outside corporate limits, write RURAL and giv	e negrest town)
		Cheverly DOA	Forestville	/
5 7 G		Cheverly DOA d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street address)	d STREET ADDRESS	e IS RESIDENCE
= - 5			4514 Rena Road	ON A FARM? YES NO
Give Pages Give Pages Jing with for	=	Prince George General Hospital NAME OF First Middle	Lost 4 DATE Month	
after death. 3. Give Page along with f	3	DECEASED	OF	Doy Year
ive g v		(Type or print) James Alfred	Simmons DEATH 11	27 19 67
after 8. Give along with th	S.	SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . 8	B. DATE OF BIRTH 9. AGE (In years IF JNDER last birthday) Manths	TYEAR IF UNDER 24 HRS Days Hours Min
S 0 0 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Male White WIDOWED DIVORCED	23 Sept. 1923 44 yrs	Duys Hours Mill
hours Item 13 Office I and 2 r death	100	USUAL OCCUPATION (Give kind of work done IDD KIND OF BUSINESS OR	1 11 QIRTUO ACE (State or foreign country)	TIZEN OF WHAT
24 hours in Item 11 r's Office is Land 2 v	du	ing most of working te, away if retined) INPUSTRY GOV	Oklahoma	DUNTRY U.S.A.
24 hours on them 18 aris Office a feet land 2 wafter death	_			Osbens
ine ine ine ine ine ine ine	13	FATHER S NAME	14. MOTHER'S MAIDEN NAME	
within pewal xamine ile page haurs (Clarence C. Simmons	Ruby Merritt	
# E H F 54	TS	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
be executed 'pending' in ef Mildical E issi permit. From within 72.	[()	J. (If yes give war or dates of service)	uanita D. Simmons 4514 F	Rena Rd.
it in the second			delited by Diminoits 42-4	
		18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
ld be e Chief a Crief a crensit		IMMEDIATE CALIFE (a) Heart Tailure		minutes
shauld be e ne ward "per a the Chief I burial-transit		7300 DUE TO Arteriosclerotic he	eart disease	unknown
thaulthaulthe the urial-		Canditians, if any, which gave) (b)		
he she the to th		nise ta immediate cause (a), (DUIT TO		
ficate time to traded as o and a		storing the underlying touse		
ifica irdec				I to this divisions
s certificate shauld be, writing the ward farwarded to the Cl used as a burial-transveral, and an ony ev	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND TON GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?
	MEDICAL CERTIFICATION			YES NO 🐷
This cate, be fa	15	2Do EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURRED ((Enter nature of injury in Part I or Part I of item 18.)	
발 분 말 등 등		PR MARY Or CONTRIBUTING C		
iner: T e certifica should b files 3 should l	=	Land Halling Occupant	CE OF INJURY (Hame, form 20f (City or town) (Co	unty) (State)
1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	lä	Hour a.m. p.m. 19 200 INJURY OCCURRED 200 INJUR	ory, street, affice bldg , etc.)	(5,0,6)
XAM ute th ige 4 yaur yaur Page crema	Σ	Haur a.m. 19 While Nat While of work of wark		
AL EXAMINER: execute the cert ir. Page 4 should far your files TOR: Page 3 shou rial, crematian, a		21. I certify that I took charge of the remains described above, hel	ld an Autopsy , Inspection , Inquiry ,	and in my opinion
Se exector. For the form of th		//	ide . Hom ade . Undetermined manner	_
MEDICA lease ex director. etained birector		a desired the second se	CHIEF MEDICAL EXAMINER	-1
MEUTO please director retaine DIREC		ACTUAL / // / / / /		22. DATE SIGNED
ITY MEL ry, pleas eral dire be retain RAL DIRI		SIGNATURE	M D ASSISTANT MED CAL EXAMINER	
C Per		EXAMINER'S John Kehoe M.D. Riverdale, Md.	DEPUTY MEDICAL EXAMINER	11-27-67
cessary, please exected the function of the prior to burial, in the prior to b		The state of the s	(0.000, 0.), (0.000,)	
necessary, particular funeral 5 may be no 10 FUNERAL Health prior	23	BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR C		(Caunty) (State)
2	-	REBUTER/1 11-30-67 Arlington	Nat. Arlington V	la.
	2	FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 25b REGISTRAR S S	SIGNATURE
VR A15ME (5)		Debont F Utilbolm 4200 Cuitland I	Dd 4 coop at	. 0



11-9-67 23d. LOCATION (City or Town) (County) (Stote) Colmar Manor P.G. Md. 256 REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR "leavly VR A15ME Francis Gasch's Sons Hvattsville, Md. DATE 6M T/66

MARYLAND STATE DEPARTMENT OF HEALTH

e IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY PERFORMED? NO.

(Stote)

and in my opinion

22. DATE SIGNED

(County)

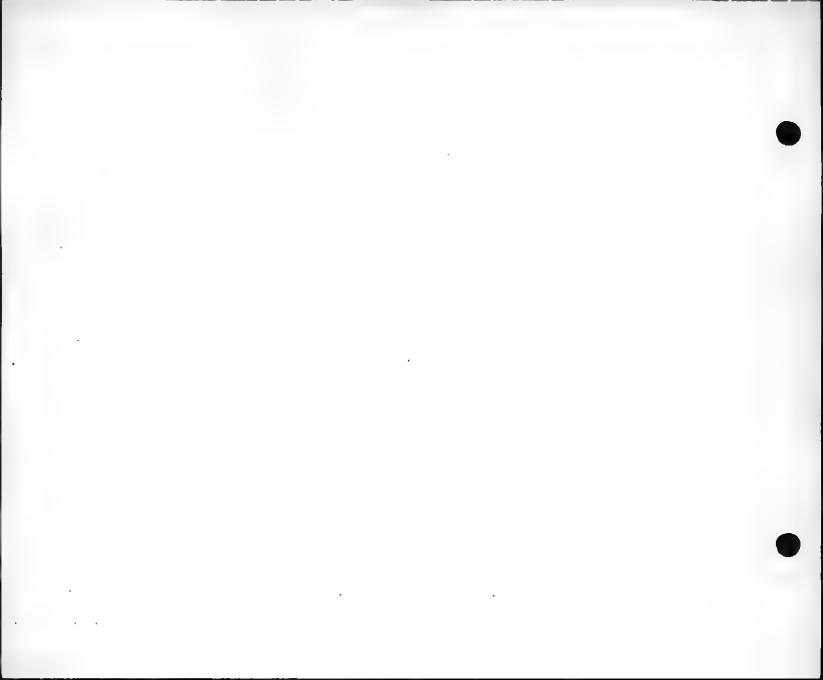
over 2 yrs.

Dovs

12 CITIZEN OF WHAT

COUNTRY? A.

YES NO -



15913

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	158	9 E 9
HEALTH DEPT.[]		PLACE OF DEATH 2 USUAL RESIDENCE (Where decepsed I ve		before admission)
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		o. COUNTY Prince George's MARYLAND Maryland	b. COUNTY /	nam
Am de de	H	Talloc cooled b	A A DUDAL and a sa	
delay and 3 M3. ra		b. CITY OR TOWN (If outside corporate innts, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limited RURAL and give neorest tawn)	its, write KUKAL one give r	reorest town)
my delice and serime artime		Cheverly DOA Lothian		
any any		d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS		e S RESIDENCE ON A FARM?
# L E G	,	Prince George's General Hospital Rtl. Box 40, Bayard	Pond	YES NO
fer deoth If of Give Poges 1, one with form the Stote De		NAME OF First Middle Lost 1 4 DATE	Month	Doy Year
after deoth 3. Give Poge along with t with the Stot		DECEASED	TRIQUITI	
or of	_	(Type or print) Oscar Fremont Smith DEATH	(In the late of the base of the	16 19 67
afte	7		(In years IF JNDER 1 Y	YEAR IF UNDER 24 HRS DOYS Hours Min
hours after of them 18. Give Off ce along land 2 with the reath	Ma	ale Negro W.DOWED DIVORCED 9 Jan 1947 20	YPS	
24 hours In Item 11 's Off ce s land 2 ifter death	100	D US_AL OCCUPATION (Give kind of work done 10b KIND OF BJS NESS OR 11. BIRTHPLACE (State or foreign country)	12 CITIZ	EN OF WHAT
24 h	dur	ring most of working life, even if retired) Student Glenarden. Mary		NTRY?
1 2 1 In	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	Tara OD	H
be executed within 24 hours after death if any delay "pending" in pencil in Item 18. Give Pages 1, 2, and 3 nief Medical Examiner's Office along with form "M3. Pagenting permit. File pages land 2 with the State Department, ent within 72 hours offer death	"			
w xa	15	William W. Smith WAS DECEASED EVER IN J. S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT	S Address	
red in It	(Y)	es, no, owerknown) (fives a ve wor or dates of service)		
ing and the state of the state	Ľ	110 244-46-1192 Mother Same as 20	<u>d.</u>	
d be executed in the control of the		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)		INTERVAL BETWEEN
should be e ne word "per o the Chief I buriol-tronsit		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Laceration of brain		ONSET AND DEATH
P 2 2 2 2 3		DUE TO Trauma - auto accident		
should e word o the Ch ourrol-tro		Conditions, if ony, which gove) (b)		
the show to		rise to immediate couse (a),		
ficate that the fireded rided as a and 1.		storing the underlying couse (
it as a large and		last. (c)		Lia wis wransu
This certificate should be executed within 24 rificate, writing the word "pending" in penal in lid be farwarded to the Chief Medical Examiner's uld be used as a buriol-transit permit. File pages or removal, and in any event within 72 hours offer	×	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	2ART 1(o)	19 WAS AUTOPSY PERFORMED?
This cote, be fa lbe uremore	CERTIFICATION			YES NO X
ER: This certificate, ould be fa eshould be unit, or remoner,	E	20a EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port Lor Port II of	item 18)	
PHI Soul	8	PRIMARY TO or CONTRIBUTING CO. CAUSE OF DEATH Occupant thrown from car after collision	ion seith two	
cal examiner: T execute the certification. Page 4 should b d for your files CTOR: Page 3 should urial, cremation, or relation.	MED, CA.	1 20c TIME OF N.JRY Month Day Year	r or town) (Count	ty) (Stote)
Mat 4 pag 1/	9	Hour om while Not While 2 factory, street, office bldg, etc.)	***	
Page Vo	-	2:00ampm 11-16- 1967 of work of work & Race Track Rd. & Ddl Ch	apel Rd. Bo	wie, Md.
L EX recute Page for yo R: Pa		21. I certify that I taak charge of the remains described above, held on Autopsy 🔲, 🛮 Inspection 🗟		and in my opinian
MEDICAL EXAM lease execute the director. Page 4 etoined for your DIRECTOR: Page to burial, crema		death resultea fram: Natural riguses 🔲, Accident 🔀, Suicide 🔲, Hamicide 🔲, Undete	ermined manner	
MEDI lease durect etoine DIREC to bu		CHIEF MEDICAL EXAMINER		
MEDIC, please e director retoined retoined or to bur to bur		SIGNATURE ASSISTANT MEDICAL EXAM NER]	22. DATE SIGNED
		DEDUTY OF DIET CVANIA TO F	2.0	ו זמ למ
DEPUTY MEI ecessory, pleat te funeral dire may be retoil FUNERAL DIR		NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city town or cou	,nty) L.	1-17-67
	230	BUR AL CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION		ounty) (Stote)
5 = = ~ 5 = /	7	Bullaval (Specify) /11-20-67 Adams Chapel Cemetery Loth:	, ,	,, , ,
(A)		4 FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR	ian harvl 25b REG STRAR \$ SIG	NATURE
VR A15ME (5)		Rollins. Inc. 4339 munt Pl., N.E., DC		

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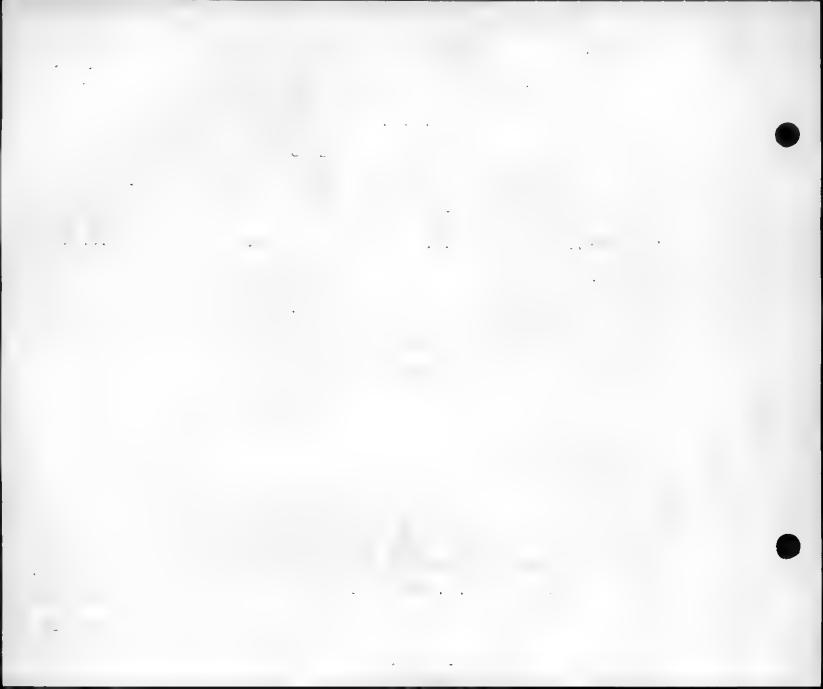
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15910

FOR STATE)		- 31	Đ.	MED	ICAL EXAMINER'	CERTIFICATE	OF DEATH		100(3
HEALTH DEPT.		PLACE OF DEATH	wines Cooms	10		2. USUAL RESIDENCE o. STATE Ma	E (Where deceased lived,		rince (
ond 3 to	_		rince Georg	,e	MARYLAND c LENGTH OF STAY IN 1b					
detoy and 3 M3 Pog tment		white RUBAL or	f outside corporate limits, Laive nearest town)			College	outside corporate limits,	WITE KUKAL ONG	a give neorest to) Will
>	\vdash		*		D. O. A.		Fair			S RES DENCE
= 5 3			at or institution (if not orge Genera			d STREET ADDRESS			e (ON A FARM?
	-		orge Genera	al HOS			ronimo Str		YES	
after demth 8 Give Poor olong with with the Sta		NAME OF DECEASED (Type or print)	Rober	t	Vincent	Smith	4 DATE OF DEATH	Month Nov.	9,	Year 19 67
s after de 18 Give Pe 9 olong wif 2 with the S		Male	6 COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B DATE OF BIRTH 22 Jan 191	6 9 AGE (In	rthdoy) Mont		Hours Min
24 hmurs af in Item 18 r's Office old so I and 2 win	10c	USUAL OCCUPATION	G ve kind of work done	rice "	ND OF BUSINESS OR GOVE.	11 BIRTHPLACE (SI	ote or foreign country) 15 m	1	2 CTIZEN OF W	
d within 24 in pencl in Examiner's Examiner's file pages 7 hours after		FATHER'S NAME Henry J.	Smith			14. MOTHER'S MAID Mary Ja	en NAME ane McCart	en		
should be executed within 24 haurs after death. If any deloy is ne word "pending" in penct in Item 18. Give Pages T, 2, and 3 to the Chief Medical Examiner's Office along with form. PM3. Page burial-transit permit, file pages land 2 with the State Deportment of a any event within 72 hours after death.	15 (Ye	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16		informant obert K. Si	nith Same	Address as #2		
Mec Mec		IB. CAUSE OF DI	ATH (Enter only one couse	per line for	(o), (b), ond (c).)					AL BETWEEN
be "pe "pe nief ans#		PART I. DEAT	TH WAS CAUSED BY: 1MMEDIATE CAUSE (c	11 ـــــــــــــــــــــــــــــــــــ	ver failure				ONSET	AND DEATH
ord e Ch			DUE T	0	irrhosis of th	o Lizzan				
any any		Conditions, if ony,	, which gove) (E)	TITHOSIS OF CL	e Diver				
the state of the days		stoting the under		0						
ertificate should writing the word warded to the Ch sed as a burial-tro		lost.) (
	AFTON	PART II OTHER SI	GNIFICANT CONDIT ONS CO	NTRIBUTING 1	O DEATH BUT NOT RELATED T	THE TERM NAL DISEASE	CONDITION G VEN IN PAR	T 1(o)	19 WA PE YES	AS ALTOPSY RFORMED?
一語 と と と と と と と と と と と と と と と と と と と	MEDICAL CERTIFICATION	200 EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH	USE WAS NTRIBUTING	20b DE	SCRIBE HOW INJURY OCCURRE	D (Enter noture of in ury	in Port or Port II of ite	m IB)		
7 7 2 5	MEDICAL	20c TIME OF INJU Hour o.r p.r		20d II While of work	- Not While -	LACE OF INJURY (Home, octory, street, office bldg.,		town)	((ounty)	(Stote)
L EXA eccute Poge or yat R: Pag		21 certif	y that I took charge		nains described above	held an Autapsy	, Inspection 🖼,	Inquiry 2	X), and in	n my opinior
e ex ctor ned f		death result	ted from Notural	ses 🖁	Accide , S		ide, Undetern CAL EXAMINER	ned monner		
Ples de la Company de la Compa		ACTUAL SIGNATURE	1125	~ /	25-5-		MED CAL EXAMINER			DATE SIGNED
UTY Ploss iny, pleos eral director be retoir RAL DIRI prior to		EXAMINER'S				DEPUTY ME	D CAL EXAMINER		11/	9/67
necessory, p the funeral 5 may be r 10 FUNERAL Health prior	1	NAME (Type)			D. Riverdale		reet, city, town, or county	()		
O B B B B B B B B B B B B B B B B B B B	230	BURIAL, CREMATIC	ON, 23b DATE THER		23c NAME OF CEMETERY C	R CREMATORY	23d LOCATION (City or Town)	(County)	(Stote)
E 12 -		Burial (Specify		67	Truman		Kendallt	own J	Wiscon	s iun
VR A15ME (5)	24	. FUNERAL DIRECTO	R		ADDRESS	25 P. C	IV 1 3 1967	25b REGISTRA	RS SIGNATURE	400
6M 1767						0.27	. TO MAN	13- 0-1	dest and	7

Francis Gasch's Sons Hyattsville, Maryland

6M 1/67



15920

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15911

		CERTIFICATE	. OI DEATH	Min	1) D 3 4k
		PLACE OF DEATH	2. USUAL RESIDENCE (Where dece		ce before admission)
		O COUNTY PRINCE GEORGES MARYLAND	O. STATE MD.	b. COUNTY PR.	GEO,
	1	b CITY OR TOWN (If outside corporate limits, write RURAL and givennessest town)	c. CITY OR TOWN (If outside corpo	The second of th	neorest town)
	$oxed{}$	19 ICHNUNWINE I TATICO,		YWINE	
+	Ĺ	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 074	124-871	e, IS RESIDENCE ON A FARM? YES NO Z
		NAME OF DECEASED (Type or print) WIWWIAH A. SM)	VTHERS OF DEAT	H NOU	0 y Year / 7 19 6 7
	S	6. COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 1 DIVORCED 1	B. DATE OF BIRTH MAY 1, 1900	9. AGE (In years let UNDER) lost birthdoy) Wonths	
		. USUAL OCCUPATION (Give kind of work done industry) 10b KIND OF BUSINESS OR INDUSTRY SELF-	ii. BiRTHPLACE (County & Stote, or CARROLL CO		ZEN OF WHAT UNTRY?
	13.	FATHER'S NAME TAMES SMYTHERS	14. MOTHER'S MAIDEN NAME	AUDLE	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 (If yes give wor or dotes of service) 228-09-2816-4	INFORMANT RS, BETT	Address RT / BRAND	BOY424
		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RESPIRA	TORY ARI	REST	NTERVA. BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove (b) CFENERALITY Tise to Immediate cause (c).	ZED CARCIN	OHATOSIS	6405
		stoting the underlying couse DUE TO ADENOCARCINE	DUA OF 57	OHACH	14 MOS,
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO Z
	L CERTIFICATION	200 ACC DENT WAS UNDERLYING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF SEMAN CITY EITHER, NOTIFY AREACA EXAMMER	(Enter noture of injury in Port I or Po	art II of item 18)	
	MEDICAL		CF OF HUURY, (Horse form, 201, 1917, sheet) of regulation, etc.)	(City artown) NE	inty) (State)
		21. I certify that (I) (this hespite) attended the deceased fram saw the deceased plive an 15 19 67 and that		M, fram causes and on th	
			D. ATTENDING DIRECTOR	STAFF 22b DA	TE SIGNED
		22c. PHYSICIAN'S NAME (Type) ARTHUR SHAVER TR	2.4D, 8808 B		CLINTON
	230	BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR PREMOVAL (Specify) 11-19-67 FULL GOSP	17.	LOCATION (City or Town)	(County) (State)
•	24	FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGIS	TRAR 256. REGISTRAR S SI	GNATURE
0	1	TUNTT FUNERAL HOME, WALDERF.	MD. DATE NOV 2	1 196/	Co)

TO MESPITAL ■R ATTENDING PHYSICIAM: The law requims that the Jmath mriticate be exacuted within 24 hmurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages Tatal should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after depth.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 5023 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY PRINCE GLUNGE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) DOA CLIMITON d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? MAKYLAND NAME OF Lost Doy Year DECEASED OF DEATH 19607 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (n years DATE OF BIRTH lost birthdov) Months Hours 2-11-10c, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY ANOCOSTIP 14. MOTHER'S MAIDEN NAME HOUSEWIF 13. FATHER S NAME BRATLA LMMA 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse WAS AUTOPS' PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NO OR CONTRIBUTING DE OSSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20c. TIME OF INTORY Month, Doy, (Caunty) (Stote) 21. I certify that (I) (this hospital), attended the deceased fram saw the deceased aliveran_ Nov 10 19 67 and that death accurred at 1/4 from couses and on the date stated above 220. SIGNATURE **ATTENDING** 22d. ADDRESS 208 23e BURIAL CREMATION, REMOVAL (Specify) 23b DATE THEREO! 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 11-18-1967 Suitland, Maryland Cedar Hill Cemetery

250 REC'D BY REGISTRAR.

NO

requires that the deoth certificate be

ATTENDING

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cremotian,

burio

Heolth p

Dept. of I

director, page should be filed

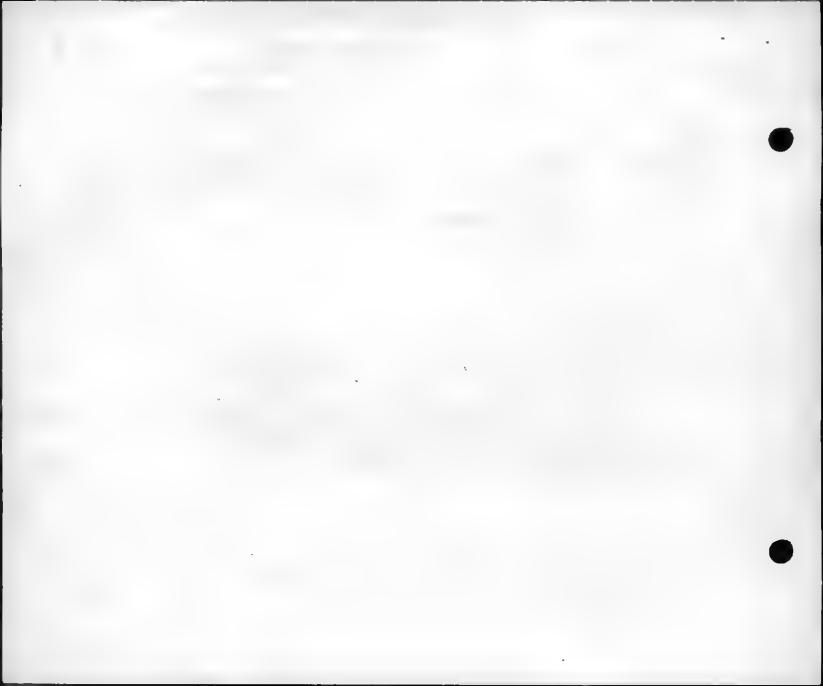
24 EUNERAL DIRECTOR

Bros. 1661-Good Hope Rd SE Wash DC

TO FUNERAL

burial-transit

signed by



15922

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

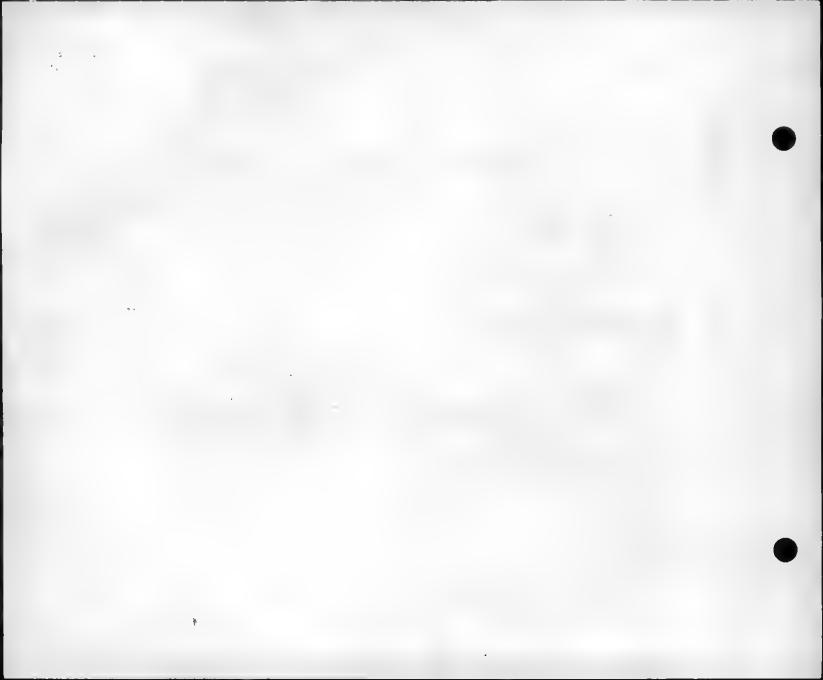
CERTIFICATE OF DEATH

15913

		CERTIFICATE	7 9 7 4						
	1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission)						
- "	-	o. COUNTY Pro Georges MADYIAND	o STATE Maryland b COUNTY Pro Geo						
∖ /∐	1	MARICAND							
VI	;	b CITY OR TOWN (If outside corporate limits,	c CITY OR TOWN (If outside corporate remits, write RURAL and give nearest town)						
7		write RURAL and give nearest town) Greenbelt, Md.	Greenbelt, Md.						
	-	d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS 6 IS RESIDENCE						
1/4		8150 Lake Crest Drive	8150 Lake rest Drive						
			152 NO 3C						
		NAME OF First Middle	Lost 4. DATE Month Doy Year						
		DECEASED (Type or pnnt) EV 8 M. STE	VENS DEATH NOV. 15 1967						
	_		B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS						
		female white WIDOWED DIVORCED *	May 20, 1904 lost buthdoy) Months Doys Hours Mun						
		WIDOWID DWOKED							
		ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country) 12 C TIZEN OF WHAT						
	uọti	Housewife own home	Pennsylvania COUNTRY?						
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
		Walter Kinsey	Emily Kellett						
	10								
	Ne	I blue to I a I a	NFORMANT Address						
	1.0	no	mes Stevens Crofton, Md.						
		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN						
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Curdia	Arrest ONSET AND DEATH						
		4901 DUE TO C 0.5	Die a it altre to i (340.						
		Conditions, if any, which gove tise to immediate couse (a),	Disease with left ventralin Syears						
		stoting the underlying couse DUE TO	ancusyen ?						
		last (1) Kravons myo	eartial interctions						
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) TIP. WAS AUTOPSY						
	8	THE RESIDENCE OF THE PERSON OF	PERFORMED?						
2"	3		YES NO &						
	CERTIFICATION	206 ACC DENT WAS UNDERLYING ☐ 206 DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of Item 1B.)						
		(IF EITHER, NOTIFY MEDICAL EXAM:NER)							
	MEDICAL		CE OF INJURY (Home, form, 20f (City or town) (County) (State)						
	₫	Hour o.m. While - Not While - foct	ory, street, office bldg., etc.)						
	-	p.m. 19 ot work C							
		21. I certify that (I) (this hospital) attended the deceased fram							
		saw the deceased alive an NOV 10 1967, and that	death accurred at 10-A-M, fram causes and an the date stated above.						
i		220. SIGNATURE	22b DATE SIGNED						
		Hand I. (asser M.	ATTENDING MED STAFF						
			PHYS 23 DIRECTOR PHYS 100 13 /70/						
1		22c. PHYSICIAN'S NAME(Type) HARSLD. I. PASSES.	1919 Cong Ave NW Wash De 20009						
,		1110000, 4: 1713312.	1 114 COVII WOLLAGO GOLDEN SIC YOUGH						
	230	BURIAL, CREMATION, 235 , DATE THEREOF 23c NAME, OF CEMETERY OR							
		REMOVAL (Specify) 11/18/1967 ARLING to	N Drexel Hill Pa						
	24	FUNERAL DIRECTOR ADDRESS	250 RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE						
	E	same of sel! Some Hycuttsville Y	not NOV 20 1967 Thomas Inde						
	1	rances Faschs Jons Mycelestille	DAIL DAIL						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prarta burial, cremation, ar removal, and in any event, within 72 trans-order death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67



27012

. 2		20060	CERTIFICATE OF DEATH	70018
r deoth		PLACE OF DEATH O. COUNTY Prince Georges!	2. USUAL RESIDENCE (Where deceased lived, if institution state b. COUN MARYLAND Maryland drama	
hours ofter n by the Fu rs. Pigas I hours after		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RUR 10 mas Upper Marlhoro	At and give nearest town)
22 25 25 25 25 25 25 25 25 25 25 25 25 2	P	d. NAME OF HOSPITAL OR INSTITUTION (H not in the		e IS RESIDENCE ON A FARM? YES NO
		NAME OF Furst DECEASED (Type or print) CHAR	Middle Lost 4. DATE Montl OF OF DEATH	4 1967
executed and comple remove ca	1	MALE NEGRO W	MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years inst birthday) Ton 2 1895 72 yrs	Manths Days Hours Min.
that the deoth certificate be executed von. by the ottending physician and completransit permit. Then please remove cartermation, or removal, and in any event,	dur	USUÁL OCCUPATION (Give kind af wark dane ing mast af warking life, even if retired) -ARM WORKER	10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stote, or foreign country) ANNE DRUDELCO, MC	12. CIT ZEN OF WHAT COUNTRY?
certific g phys Then p moval,	13.	FATHER'S NAME Selliam Francia	8 teresson Many wade	
ottendin permit. ion, or re	(A)	WAS DECEASED EVER IN U.S. ARMED FORCES? is, na, ar unknawn) (If yes give war ar dates af serv		
s that the cion. I by the transit p		18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Sarder Vies Culer Collagna	INTERVAL BETWEEN ONSET AND DEATH
equires physicic signed I burial-ti burial, c		Canditions, if any, which gave (b) (b) (c) inse to immediate cause (a),	Carcenomatory from CA & Prola	Le
low reending s been os the rior to l		last. (c)	Cenamina injections Deni	I WAS A ITOPSY
I or off are has or use	CERT, F CATION	2D□ ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part II of item 18.)	19. WAS AJTOPSY PERFORMED? YES NO
HYSICIA hospita s certific ached fa spt. of h		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Manth, Day, Year	2Dd INJURY OCCURRED 2De, PLACE OF INJURY (Hame, farm, 2Df. (City ar town)	(Caunty) (State)
by the by the fifter this be detered of the December of the De	MEDICAL	Houria.m. pm 19	While at work at work factory, street, affice bldg, etc.)	
ATTEND Stained Should iff the		saw the deceased olive on	1967, and that death occurred at 12:00M, from causes of	and on the date stated above
AL OR IN be re L DIRECTOR 3 rage 3 filed w		22c PHYSICIAN'S	Japen M.D ATTENDING MED DIRECTOR PHYS I	11-4-67
TO HOSPITAL Page 4 may TO FUNERAL director, pag should be fi	230	NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify)	230 NAME OF CEMETERY OR CREMATORY . 273 OCATION (CITY OF TON	
2 € € ₩ VR A15 (4)	24	AFILMERAL BRACTOR 4:339		GISTRAR S SIGNATURE Climbles Queste
1 1 103		,	DAIL	1



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS BALTIMORE, MARYLAND 21201

ł	7 25024		CERTIFICA	ATE OF	DEATH		109	15
Ī	PLACE OF DEATH a. COUNTY				UAL RESIDENCE (W STATE	There deceased lived, if institut b. COUI		pefare admission)
	Prince G	eorge's	MARYLAN	D	Marylan	d Pri	nce Geo	orge's
١	 b. CITY OR TOWN (If autside corporat write RURAL and give nearest taw 	e imits," m)	C LENGTH OF STAY IN 16	ε (11	Y OR TOWN (II out	d Pri iside corporate limits, write RUI	RAL and give ne	earest town)
ŀ	Cheverly		6 days		Cedar He	ights	,	To acc per ac
,	d NAME OF HOSPITAL OR INSTITUTION		,	d. ST	REET ADDRESS	4,		ON A FARM?
	prince George's	General			410_K_	St.		YES NO
-	3 NAME OF DECEASED	First	Middle		Las!	4. DATE Mant	'h	Day Year
ı	(Type or print)	Willia	ul-		Stewart	DEATH NOV		11 19 67
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ŀ	Male Negro		DIVORCED L				10 (17175	THE SOLUTION OF THE SOLUTION O
1	10a. USUAL OCCUPATION (Give kind of wor during most of working life, even if retired)		ND OF BUSINESS OR DUSTRY	11 B	Maryla (County 8	State, ar fareign country) and	COUNT	N OF WHAT
ŀ	13. FATHER'S NAME			14. /	NOTHER'S MAIDEN N	AME		
1	unknown					unknown		
ı	IS WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16. 5	SOCIAL SECURITY NO.	17 INFORM	ANT	Addre	355	Highland
1	(Yes, no, ar unknawn) (If yes give war or	dates at service)		Na om i	Hoskir	ns 1108 701	th Ave	Park
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if only, which gove a tise to immediate cause (a),	CAUSE (o) DUE TO (b)	(a) (b), ond (c)) Myo Cers Orter	dul	hopo	steri		INTERVAL BETWEEN ONSET AND DEATH
	stoting the <u>underlying cause</u>	DUE TO						
3	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TER	WINAL DISEASE CON	DITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBU	1	SCRIBE HOW INJURY OCCUR	RED (Enter r	ature of injury in F	Part I at Part II af item 18.)		
	20c TIME OF INJURY Manth, Day, Hour a.m. p.m.	Vear 20d IA While at work	Not While		IJURY (Hame, farm et, office bldg., etc)		(Caunty	-/
	21. I certify that (I) (thi saw the deceased alive		ded the deceased fra 19 <u>6</u> 7and	m_ that lo bt	11-5 , 10 accurred a1	9 <u>67</u> , ta <u>11-11</u> 0•59 M, fram causes	, 19 <u>_67</u> and an the	, that (I) (we) last date stated obave.
	220. SIGNATURE	1171	Fronk	M.D PH	YS L	MED STAFF DIRECTOR PHYS XX	22b, DATE	SIGNED 1
	22r PHYSICIAN S NAME (Type)			2	ADDRESS		1 7	
	Arnol	d G. Brod	· ·			orges General	Hospit	tal
		ATE THEREOF	23c NAME OF CEMETERY			23d LOCATION (City or To	wn) (Co	(state) (ytau
	Burial 1	/17/67	Ridgely	Churc	h	Ridgely,	Mary.	land
1	24. FUNERAL DIRECTOR WILL	1. Stelve	ait MODRESS		2Sa RECP	OV T 6 1967 RE	Mary. GISTRARS SIGN	ATURE
	Stewart Junera	1 Home 4	001 Benni	ng Rđ	., Nit E'	na 18 iabi	gillen	Duglas

ond 2 10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-fronsit permit. Then please remove carbon papers. Pages I one should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, with in 72 hours after read Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	15923	5	ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DE	ATH	1	59	16	
	PLACE OF DEATH o. COUNTY					o. STATE	•	eceosed lived, f inst tu	NTY			ion)
	Prince	George's			YLAND	Maryla			nce Ge			
	b. CITY OR TOWN (I write RURAL and	f outside corporate limit I give nearest tawn)	5,	t LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IS	autside cor	parate limits, write RU	RAL and give	nearest	tawn)	
	Cheverl	У		DOA		Hollar	nd lar	:k				f.
		AL OR INSTITUTION (If n		, 5,		d. STREET ADDRESS	40+h	Dless			ON A F	
3	NAME OF	George's G		Middle				Place				
	DECEASED (Type or print)		nt liam	Henry		Stewart	4 DA OF DE		Th .	Doy 5	Y e	67
5.	SEX	6. COLOR OR RACE	7. MARRIE		D \square	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1			R 24 HRS
	male	Negro	WIDOWE	D DIVORCE		11-28-07		lost birthdoy) 59 yrs	Months	Days	Hours	Min
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13.	FATHER'S NAME					14 MOTHER'S MAIDI	EN NAME	_				
	William	n H. Stew	art,	Sr.		Bes	sie (Cook				
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	1.	6 SOCIAL SECURITY NO		INFORMANT		Addr				
[16	es, no, or unknown)	(it yes give wor or agies	or service,		Do	ra M. Ste	ewart	1107 6	9th	Ave		
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L CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		20b.	DESCRIBE HOW INJURY C	CCURRED	(Enter noture of injury	in Port I or	Port II of item 18)				
MEDICAL	20c. TIME OF INJU Hour on pro	10	Wh	INJURY OCCURRED IIIle Not White of work		ACE OF INJURY (Home, f tory, street, office bldg , c		Of. (City or town)	(ζου	inly)		(State)
	21. I certify	y that I took charg	e of the r	emains described a	bove, h	eld an Autapsy	, Insp	ection 🕱 , Inq	uiry 🟋,	ond	in my	opinion
	death result		J, causes			cide 🔲. Homici		Undetermined m]	,	
		1	1/1	7 1/			CAL EXAMINE	_				
	ACTUAL SIGNATURE	/ lasta	14	2/			MEDICAL EXA			2	2. DATE	SIGNED
	SIGNATURE	4/100)_/_			10. D.	DICAL FXAMI				11-	6-67

NAME (Type) John Kehoe M.D., Riverdale, Maryland BURIAL (REMATION, REMOVAL (Specify) DATE THEREOF /11/67/

Funeral

Stewart

23c NAME OF CEMETERY OR CREMATORY Olivet Cemetery Mt. warfoods, 4001 Benning Rd.

23d. LOCATION (City or Town) Washington,

1967

Address (Street, city, town, or county)

2So REC'D BY REGISTRAR

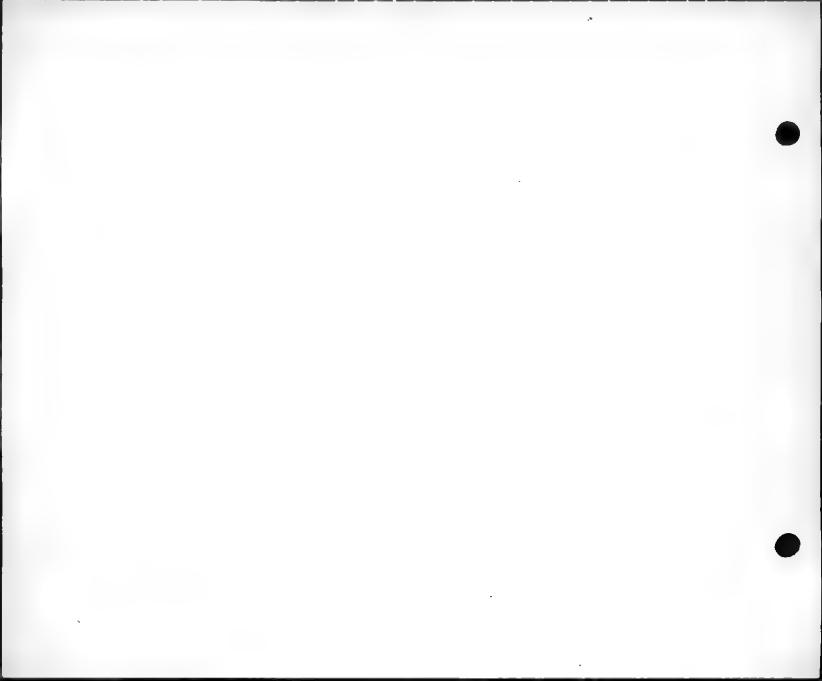
D.C. 25b, REGISTRAR'S SIGNATURE Milione Judge

(County)

(Stote)

VR A15ME (5) 6M 1/66

TO DEPUTY

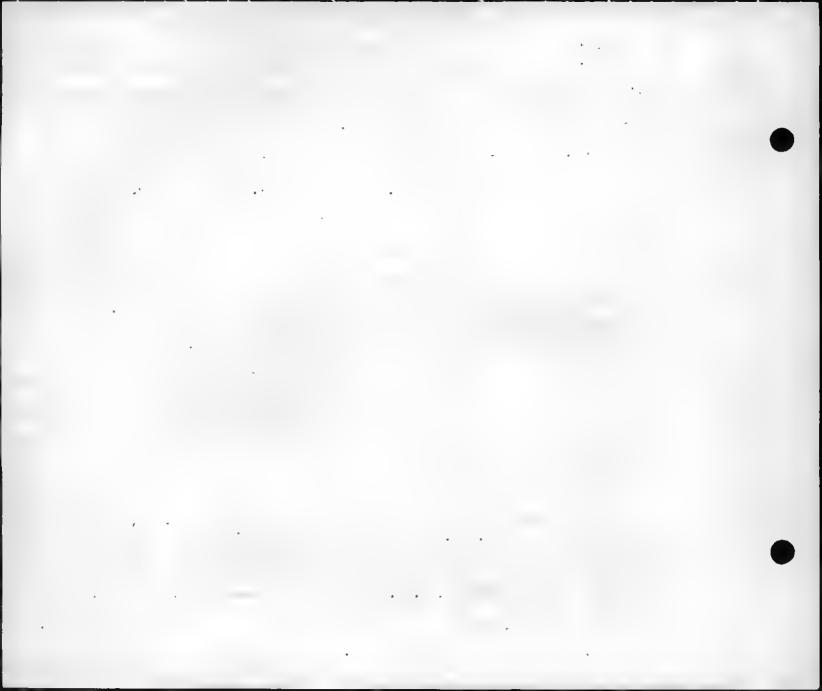


MADVIAND STATE DEDARTMENT OF HEALTH

	MARILAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
3 7 0 0 0	CERTIFICATE OF REATH

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5		Cheverl		į
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or 1		lost.)	(c)
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G PHYSICIAN: The law rather hospital or attending this certificate has been detoched for use as the e Dept. of Health prior to	MEDICAL	20c TIME OF IN	JURY Month, Day, Yo	вот
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OR ATTEN RECTOR: 3 should		ZZS. SIGNATURE)
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RAI Be		NAME (Type	Ohanne	s_Sal
HOSPITA Page 4 mo FUNERAL director, page 5 should be	230	BURIAL CREMAT		THEREO
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5 5 5 W		REMOVAL (Specif		16, 1
- 1	24			
VR A15 (4)		F	". Gasch's	s por

	100%	5		CEKTIFIC	AIE.	OF DEATH			1051	
1	PLACE OF DEATH				T	2. USUAL RESIDENCE (Where deceased lived,	if institution	Residence befare od	mission)
	o. COUNTY	O OWOOD		MARYLA	ND I	a STATE		b. COUNTY		
┝	Prince C	F autside carparate limit	ς	c. LENGTH OF STAY IN T		c CITY OR TOWN (If ou	itside comprate limits	Write RIPAL :	e Georges	vni
	write RURAL and	give neorest town)	~,				nistee verpurere minis,	MILLIO MONNE	ond give neorest rev	
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_		eorges Gen	<u>eral Ho</u>			2814 64th			YES	NO x
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	(Type or print)		Georges	W.	Sı	Illivan Sr.	DEATH	_Nov_	12	19 67
\$.	ZEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9 AGE (In	yeors IF		INDER 24 HRS
	Male	White	WIDOWED	DIVORCED	Ξl	8-9-26	lost bi	yrs M	anths Days Ho	ours Min
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001	Retired	me, even it tenred)		O Railroad	1	Washingto	on D C		COUNTRY?	
13.	FATHER'S NAME			<u> </u>		14. MOTHER'S MAIDEN I	NAME			
	G	eorge washi	ington	Sullivan		Eva Buse	Y			
15	DIVAC DECEASED DVC	O BLUE ADMED FORCES	1/ /	OCIAL SECURITY NO	17 IN	FORMANT		Address		
(Y	es, no, or unknown)	(If yes give wor or dotes	of service)		Gra	ce Sulliva	n Cheve	rly, N	ld.	
NOIL	Conditions, if any, use to immed at stating the under last.	e couse (a), DUE	(b) (c) (c)	Levis sel	ero ED TO TH	lear 7 ta Bo usuff e terminal pistase con	Early Creuch in par	Hear Hear	1. 3	years Holopsy ORMED?
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRRED (E	nter noture of injury in	Port I or Port II of ite	m 18.)	1.00	
MEDICAL	20c TIME OF INJU Hour an	10	20d IN While of work	Not While		OF INJURY (Home, farm y, street, office bldg., etc.)		town)	(Caunty)	(State)
				led the deceased fro	am	10m, 1	964, to_No	v. 12	, 19.6.7, that	1) (xxx) last
	saw the di	eceased alive on	Nove 12	1967, and	d that	death accurred at	2 .50pM, from	causes and	an the dote st	oted above.
	220. SIGNATURE		191	lial)	M.D	ATTENDING PHYS		AFF S	226 DATE SIGNED	1967
	22c. PHYSICIAN'S					22d. ADDRESS				
	NAME (Type)	Ohannes	Sahakya	n. M. D.		6001 Land	over Road	Cheve	erly, Mar	yland_
23	BURIAL, CREMATIC REMOVAL (Specify			23c NAME OF CEMETER Ft Linco		EMATORY	23d LOCATION (City or Town)	(County)	(State)
2	4 FUNERAL DIRECTO		1307	ADDRESS	111 0	·····	D BY REGISTRAR		RAR'S SIGNATURE	IU.
. "	TA	/! 1. f	17		1.1	230. REC	P D I REDIVINOR	KAN KEOM	SERVICE STREET	



I and 2 death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

Poge 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

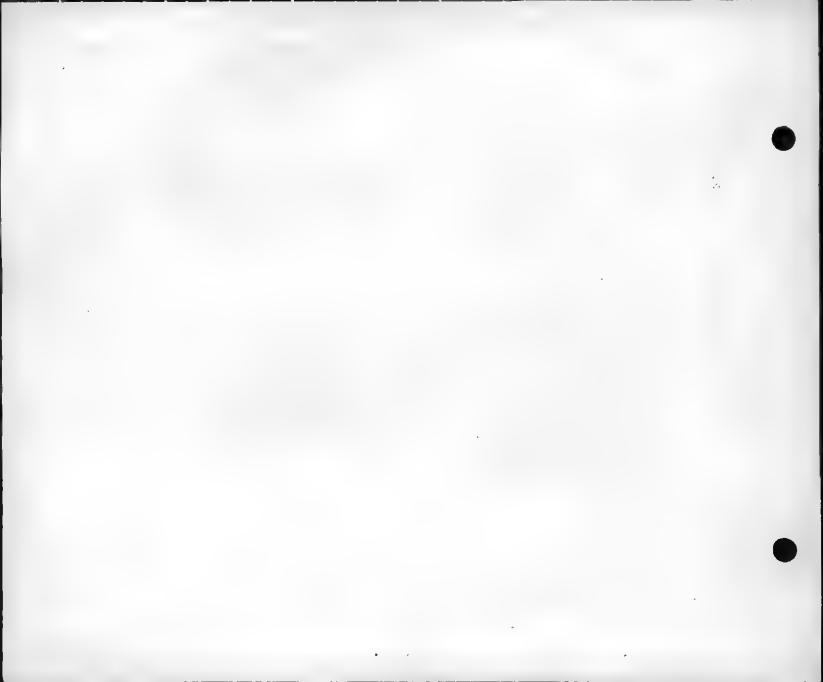
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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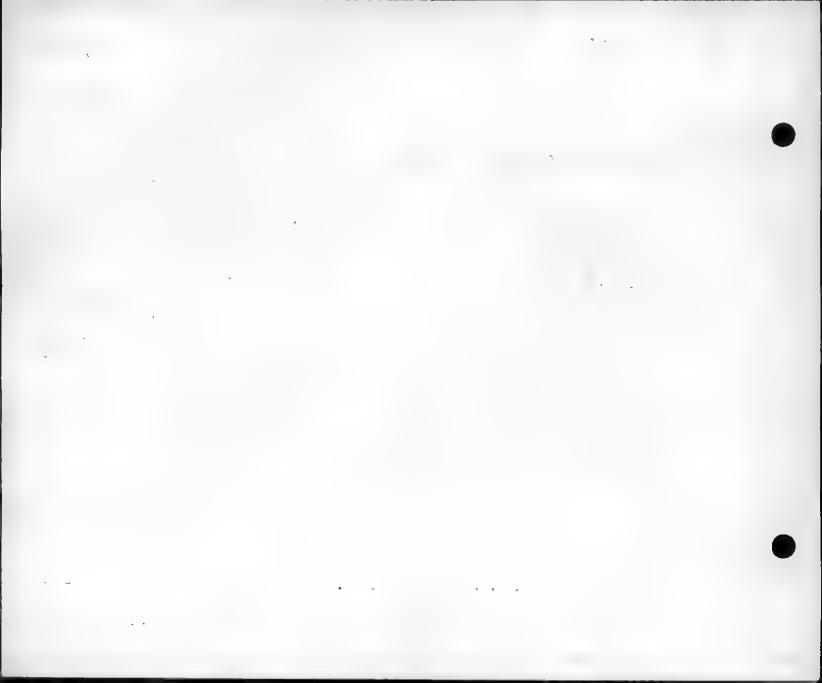
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					CEKTILIC	AIL	OI DEATH			200	L		
1		PLACE OF DEATH o. COUNTY	Prince	Georges 1	lospital MARYLAI	ND D	2 USUAL RESIDENCE (o. STATE Md	Where dec	eosed lived, if institut b COU	on Residen	ce before c	odmissio S	n) /
		city or town (write RURAL on heverly,	If outside corporate di give nearest town Md.	limits,)	c LENGTH OF STAY IN 1	ib	Mechanic			RAL ond give	neorest t	own)	
14			al or institution corges Ge				Box 1. F	oute	1			IS RESID ON A FA	
	- {	NAME OF DECEASED (Type or print)		Elsie	Middle Louise	Sv	last vain	4 DAT OF DEA	Moor	28	Doy	Yea 19	67
	S. 3	female	6 COLOR OR RAC white	WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH Lug 20, 119	13	9 AGE (In years lost birthdoy) 54 yrs	Months		Hours	M-m
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			Hill				14. MOTHER'S MAIDEN Unkn						
	IS. (Ye:	WAS DECEASED EVE is, no, or unknown) NO	R IN U.S. ARMED FOR (If yes give wor or d	cess of service) 2	SOCIAL SECURITY NO L7 28 8428		FORMANT Swain	Mech	Addr anicsvill		ld.		
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH											
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	stoting the underlying couse DUE 10 Color The festinal obstantion Color PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)										5	Sa 4	5
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		saw the d	eceased olive a	hospital) atten	ded the deceased fro	am/ d that	deoth occurred at	19 <u>67</u> 2;50F	, to	, 19_4 ond on th	✓/, that ne date	t (I) (v stated	ve) iast abave
,		220 SIGNATURE A. TBayly M.D. ATTENDING MED. STAFF DIRECTOR DIRECTO								29.		7	
		22c PHYSTCIAN'S NAME (Type	JOHN	H. E	AYLY					VASA	DO	- 20	2006
		BURIAL, CREMATIC REMOVAL (Specify Burial	Dec	1, 1967	Glenword C		tery		Washingto	n D C		(St	ote)
	24	Funeral director Gas		s Hyatta	ADDRESS sville, Nd.		2So REC'	D BY REGI		Clearly Clear	- 101	relate.	i. Sala



FOR S	TATE		15928 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	15919
HEALTH	DEPT#	The same). PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution Re	sidence before admission).
35 36	701 10	A	Prince George's MARYLAND	n STATE b COUNTY	V
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delc ond M3			write RURAL and give nearest town)	(de 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TORRY
2012	6	-	Cheverly DOA d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e U RESIDENCE
es 1,	100			1 1 1	ON A FARM?
-	late Depo	_	Prince George's General Hospital	4 CRESTLOOOPHANE,	YES
ofter death 18. Give Pages olong with ten	03	- 1	3 NAME OF First Middle DECEASED	Lost 4. DATE Month OF	Doy Year
r d	the		(Type or print) Joseph R	Szper DEATH 11	11 19 67
	ŧ		S. SEX 6 (OLOR OR RACE 7. MARRIED	8 DATE OF BIRTH 9 AGE (In years IF UN lost birthday) Mon	IDER I YEAR IF UNDER 24 HRS
м —	2 th.		Male White WIDOWED DIVORCED	Aug 24, 1923 44 yrs	1113 DOYS 110313 MITT
hours Item 1 Office	ges Tond2 v ofter death		10a JSUAL OCCUPAT ON (Give kind at work done 10b KIND OF BUSINESS OR	II BIRTHPLACE (State or foreign country) 1	2 CIT ZEN OF WHAT
24 h n lfr r's 0	o lo	0	during mosy of Jork ing life, eyen is rewred) IND STRY	SHADYSIDE, N-4,	COUNTRY? 4.5A
il r	pages 1 ond 2 with the urs ofter death.	-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
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W Exo	File 2 hou	-	IS WAS DECEASED EVENINUS ARMED FORCES? 16, SOCIAL SECURITY NO. 17	INFORMANT Address	ASLOWS MA
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	be u	4	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		YES NO 2
ER: Thi certificat ould be	- - - - - - - - - -		200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED PRIMARY □ or CONTRIBUTING □	O (Enter nature of injury in Port or Port 1 of item 18.)	
Certificant	les should m, or 1		CAUSE OF DEATH		
EXAMINER: ute the cert age 4 should	your files Page 3 sho crematian,			LACE OF N.URY (Home, form, 20f (City or fown)	(County) (State)
AM Th	age		Hour a.m. 19 White Not While of work of work	octory, street, office bidg , etc.)	
EX.			21. I certify that I took charge of the remains described above, h	held an Autopsy , Inspect an), Inquiry (and in my apinio
AL exe	ned for ECTOR: buriol,				
e e e			death resulted fram Natural Causes X Accident , Su		
MEDIC lease directo	10 Kg et		ACTUAL / 1	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
- d D	AL 1		SIGNATURE	M_D ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
PUT Sary	2 2 2).	EXAMINER'S John Kehoe, M.D. Riverdale, Mc	Address (Street, city town, or county)	11-13-67
O DEPUTY necessary, p	E = E	=	230-3 BUR AL CREMATION, 1. 235 DATE THEREOF 236 NAME OF TEMELERY OF	Made and (State , CT) Town , or Cobin)	(County) (State)
5 e f	5 moy be ref TO FUNERAL D Health prior 1		DELICATION (C=20) 1/0 1	· Pa · W A alie	14
	-	£			
AUD. A.	TELLE (E)		24 FUNERAL DIRECTOR ADDRESS AND	OF ZOO, RECOV DE REGISTRAR ZOO REGISTRA	Y 3 HOUNTONE

VR A15ME (5) 6M 1/67



1	em 21 film \$97 2-16-08 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 159	20
HEALTH DEPT.	PLACE OF DEATH COUNTY Prince George's ARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before to state that the county of the c	e admission)
3000	b CITY OR TOWN (If outside corporate limits, write RURAL and give neares town) Che verly C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give neares town) DOA Lanham	
If amy is 1, 2, a drawn P.M. P.M.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ON A FARM? YES NO S
Start Start	NAME OF First Middle Lost 4 DATE Month Day OF	Year
s after de 18 Give P alang w 2 with the th.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years ast brinday) 28 yrs Months Days	IF UNDER 24 HRS Hours Min
	o SSAI OCCUPATION (Give kind of work done work done registration of the state of foreign country) 12 CIT ZEN OF Hungary 13 CIT ZEN OF Hungary	
e executed within 24 pending" in pendi in ef Medical Examiner's ist perm tele pages nt within 72 haurs after	FATHER'S NAME Jonas Hodvagner 14 MOTHER'S MAIDEN NAME Unknown	
executed v anding" in Medical Ex t permit Fil within 72 }	was Deceased Ever in U.S. ARMED FORCES? les, no, or unknown) (If yes give wor or dotes of service) 16 SOC A. SECURITY NO 17. INFORMANT Karoly Szunyogh Same as #2 (husb:	and)
4 · 5 P P		ERVAL BETWEEN SET AND DEATH
s certificate shauld by writing the ward farwarded to the Ch used as a burial-tra aval, and in any ev	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (c) (c)	
This certificate totale, writing the farwarded to be used as a fremaval, and in	Y	WAS AUTOPSY PERFORMED? ES X NO
INER: ne certifi shauld files. 3 shauld tian, ar	20b DESCRIBE HOW INRY OCCURRED (Enter nature of nury in Part I or Part II of item IB)	(State)
AL I		in my opinio
JTY MEDIC, please e eral director be retained RAL DIRECT prior to buri	M.D. ASS SHAPE MEDICAL EXAMENTER L	22 DATE SIGNED
DEPL cessa fun may FUNE	NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county)	-30-67
5 = = 20 3	Buriar Manor P. G.	Md.
VR A15ME (5)	rancis Gasch's Sons Hyattsville, Md.	



15091

- 1					CERTIFIC	AIL	OF DEATH			70	361
ı		LACE OF DEATH					2 USUAL RESIDENCE (Where deceo	sed ived, if institut	ion: Residence be	efore odmission)
1	0	. COUNTY	D		MARYLAN	ID.	o state Mary	land	b. COU	YTY Pr. G	eo
	b	. CITY OR TOWN (I	Prince Georgianite Company Company	gers	c LENGTH OF STAY IN I		CEITY OR TOWN (IF or		ote Irmits, write RU	RAL and give ned	orest town)
		write RURAL and	give nearest town)	•		_					
ı		Clinton,	itary and and INSTITUTION (If no	s t s-l	85 yrs.	•	Camp Spri	n_{i} s,	r. Geo.	County,	e. IS RESIDENCE
								A11a	entown Ba	. S. E.	ON A FARM?
					a 1 Hospita	<u> </u>	6904 ************************************		CZYXXXXX	XMXXXX	YES NO
		IAME OF DECEASED	Fir	tz†	Middle		Lost	4 DATE OF	Mont	th I	Doy Year
	(Type or print)	Thomas		Hoody		ylor	DEATH	11000	27	1967
	SS	EX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED [DATE OF BIRTH	'	AGE (In years lost buthday)	Months Do	
		Malel	White	WIDOWED	DIVORCED [Sept. 9, 188	82	85 yrs	IIIOIIIII3 DO	TS THOUS THILL.
		USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR		11 BIRTHPLACE (County		reign country)	12 CITIZEN	
	durin	ng most of working l Farme:		I N	idustry Farming		Pr. Geo.	Counts	v. Md.	COUNT	RY? [_S_
	13.	FATHER'S NAME			a Cha Hanaras		14. MOTHER'S MAIDEN	NAME	- AVA. W.		
		In a	enh Taylor				Sarah	Vound			
ŀ	15		R IN LS ARMED FORCES?	16	SOCIAL SECURITY NO.	17	NFORMANT	TOUTE	Addre	255	
			(If yes give wor or dotes o	f service 1					(007 01	Camp Sp	rings. Md
	-	110			7-36-8376-A	Ţ.	nomas x V. Taj	VLOT.	6931 Sho	The Contract	/4.4
- 1		18. CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY-	se per line for	(o), (b), ond (c).)	~	DILLIER	COA.			ONSEL AND DEATH
		i. /	IMMEDIATE CAUSE	(a)	ENHE	-	7/2010				STUDIL
ı		7	DUE	10	Kurnn			2000	1210 SC	10000	· 1
- 1	- 1	Conditions, if ony, rise to immediate	foliazion e	(b) 4	ENEOGH	1 2	(F) (F	4016	1 (10 000	L VZWO (
ı		stating the under	lying couse DUE	10	TYPRICE	(A)	200				
ı	L	lost	'	(c) /	revious		ofue				<u> </u>
	z l	PART II OTHER SI	SNIFICANT CONDITIONS O	ONTRIBUTING	TO DEATH BUT NOT RELATE	D TO 1	THE TERMINAL DISEASE COL	NDITION GIV	EN IN PART I(o)		19 WAS AUTOPSY PERFORMED?
#-	CERTIFICATION	OLD	TBC.	ACTI	VITY NOT	-0	TROVED 6	POSS.	CLENISE	TBC	YES NO
- 1	Ĭ	20o ACCIDENT WAS	JNDERLYING	20b DI	ESCRIBE HOW INJURY OCCU	RRED.	Enter noture of injury in	Port I or Po	rt II of item 18.)		
- 1		OR CONTRIBUTING (IF EITHER, NOTIFY I	MEDICAL EXAMINER 1								
1	MEDICAL	20c TIME OF INJU	RY Month, Doy, Yeor	20d I	NJURY OCCURRED 20		CE OF INJURY (Mome, forn		(City or town)	(County)	(State)
	띭	Hour To.n	n. 19	While		foct	ory, street, office bldg., etc)			
- 1	H	21 Leartid	by .			ım	ause-	967	n 1/01/2	17 1967	that (I) (we) last
		snw the de	reased alive an	VOV	ded the deceased from 1967, and	that	death accurred at	IA I	A fram causes	and on the r	Interstated above
- 1	ŀ	220. SIGNATURE	teased dive on		1/92/, 010		dediii ottoirea ai	_	, 110111 (00303	22b. DATES	
		(Ko	Pertu	ne	LUM) [Mr	ATTENDING PHYS	MED	STAFE PHYS		27/67
	ŀ	22c. PHYSICIAN'S				11(35	T 224 ADDDCCC				
		NAME (Type)	KOBER	TW.	MERKLE	M.	3 Soum	E. 6	CEN. HOS	P. CLU	NOW, NOW
	230	BURIAL CREMATIO	N. I 23b. DATE THE	PEOE	23c. NAME OF CEMETER	Y OP	PEMATORY	722 11	OCATION (City or To	wn) Ifa	enty) (Stote)
1	200.	REMOYAL (Specify)		the .						, ,	with faints)
	24	EUNERA. DIRECTO		- 1967	ADDRESS ADDRESS	S.	Church Ceme	tery-			ATURF
	Z	and the state of t	Charles Inch	and Ho	pe Rd SE W	, oh	1 110	V 2 9	1967	G STRAR'S SIGNA	Judge
i	10	TTF OHS D	TOS TOOT-C	000 110	The wire man as	1011	DATE	. ~ 0			// //

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbait pagets shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 pr

in by the funeral rs Pages 1 and 2 2 bours after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15922 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARY! AND c. LENGTH DE STAY IN 16 b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (IF outside corporate limits, write RURAL and give nearest fown) Day GREENBELT d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 6110 BREEZEWOOD YES NO K MALCOLM GROW COURT NAME OF First Middle 4. DATE Month Year DECEASED OF ALAN NOV (Type or print) 67 event, DEATH S SEX IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLDR OR RACE 8 DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdov) Months Hours ond in ony WIDOWED DIVORCED CAU JAN 1941 10b USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WHAT during most of working life, even if retired)
PHYSICIAN CDUNTRY? INDUSTRY BROOKLYN, NEW YORK 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, JACK TEITLER ROSLYN FINK 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY ND. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) WIFE G67-Presen SAME AS #2 cremotion, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH ASPHYXIA IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove STATUS ASTHMATICUS rise to immediate couse (o), DUE TO stoting the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES . NO K this certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) of work 2K I certify that (by (this haspital) attended the deceased fram 19 Nov 19 67 to 20 Nov 679 that (Nave) lost

O FUNERAL DIRECTOR: VR A15 (4) 25M 1/67

saw the deceased alive on.

23b. DATE THEREOF

220 SIGNATURE

22c PHYSTCIAN S

230 BURIAL CREMATION.

Removal Specify) 11-21-67 Mt. Lebanon Cemetery Queens. N.Y. 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Falls Church Funeral Home 1102 W. Broad St. Falls Church, Va.

23c NAME OF CEMETERY OR CREMATORY

LINDEMAN, CAPT, USAF

22d ADDRESS

19 6.7 and that death occurred of 145 M, fram causes and on the date stated above.

Andrews

Grow

Wash

AFB

23d LOCATION (City or Town)

22b DATE SIGNED

Nov 67



	1 (Ň	1		DIVISION		RYLAND STATE CORDS, 301 W. F				AND 21201		
ن	64 5		/	11931			CERTIFI	CATE C	F DEATH			1592	3
ır death	funeral 1 and 2 er death.			LACE OF DEATH	ce Ge	rge	MARYL		USUAL RESIDENCE (a. STATE	Where deceased	b COUNTY		,
#S aff	Pages Phone		ŀ	. CITY OR TOWN (If au write RJRAL and giv	itside corporate limits.	J	C LENGTH OF STAY IN	lb c	Bow	utside corparate i	imits, write RURA	L and give nearest	town)
24 hat	C 15. C			ineview	OR INSTITUTION (If not	in haspital, give	. 1		STREET ADDRESS		1001	e	IS RESIDENCE ON A FARM?
within	carban pape ent, within 7	^	3 1	IAME OF PERIOD (PROPERTY OF PERIOD) Type or print)	Firs		Middle Care Cen		Lost	4. OATE OF	Month	Oay	Year 1967
ecuted	ind campletely remave carban any event, wi		5. 5		COLOR OR RACE	7, MARRIEO [NEVER MARRIED DIVORCEO	☐ B. O	ATE OF BIRTH	DEATH 9 A	ost birthday)	IF UNDER 1 YEAR Months Oays	F JNDER 24 HRS Hours Min
e pe ex	O :-			USUAL OCCUPATION (Giving most of working life,		-	OF BUSINESS OR	- 110	1. BIRTHPLACE (County	& Store, or foreig	2 yrs. In country)	12. CT ZEN OF V	WHAT
ertificat	10 0		13.	FATHER'S NAME Nathan		- I de de la company	frome	14	MOTHER'S MAIDEN	NAME		1.0.0	
death co	attending phy permit. Then p can, ar remaval			WAS DECEASED EVER IN (If y	U.S. ARMED FORCES?	service) 16 SQC	CIAL SECURITY NO.	17. INFO			Address		
that the death certificate be executed within 24 haurs after death an.	by the attainment per crematian,			18. CAUSE OF OEATH W	I (Enter only one cous VAS CAUSED BY IMMEDIATE CAUSE (e per line for (a		JASC	when C	pl lef	100 -	INTER ONSE	VAL BETWEEN T AND OEATH
vires #	signed brightro burial-tro burial, cri			/ / # X Conditions, if ony, while to immediate co		0	become	synx	the	due	5	3 n	42,
aw req	as been si as the bi priartabl			stoting the underlyin	ig couse OUE I	0	MILIMAY.	"M. 1	1 ell	asie-	·		
I: The larger arter	ate has ly not	~1	ATION	PART II. OTHER SIGNIF	FICANT CONDITIONS CO	ntributing to	OEATH BUY NOT RELA	TED TO THE	TERMINAL DISEASE CO	ND TION GIVEN II	N PART 1(a)	19 y P Y ES	VAS AUTOPSY ERFORMED? NO
SICIAN Spital	ertifica ned for t. af He		L CERTIF, CATION	20a ACC DENT WAS UNI OR CONTRIBUTING □ C (IF EITHER, NOTIFY MED	AUSE OF OEATH	206 DESCR	RIBE HOW INJURY OCC	CURRED (Ente	r noture of injusy in	Part 1 or Part II	of item 18.)		
AG PHY	er this detacl		MEDICAL	20c TIME OF INJURY Haur a.m. p.m.	Manth, Day, Year	20d INJU While at wark E	RY OCCURRED Nat While at wark		F INJURY (Home, forn street, affice bldg., etc.		lity or fown)	(County)	(State)
TENDIN ined by	OR: Affe			sow the deced	thot (I) (this hosp psed olive on	itol) ottender	d the deceosed f	rom& nd that de	oth occurred of	9 <u>6</u> 7 to_ <u>8·3</u> 6M, f	rom couses or	d on the date	
OR AT be reta	DIRECTOR ge 3 shau led with th			22a. SIGNATURE	elfued	Ko	Tofin	/ M.o.	ATTENDING PHYS	MEO. DIRECTOR	STAFF PHYS.	22b. DATE SIGNED	67
Page 4 may	er par	1		22c. PHYSICIAN'S NAME (Type)	PALFA	ERU,	K. 1-961	11/10		11.17		MU.	
TO HO	direct shoul		23d.	(BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THE	67	23c NAME OF CEMET	ERY OR CREA	× 111.	Auric	ON (City or Yown	yel Co	(State)
VI 2	A15 (4 5M 1/67	1	1	TUNERAL DIRECTOR	askyt	or of S	Son 492	5 Dr	OATE N	O BY REG STRAR	967 25b. 8107	STRAR SAIGNATURE	



CERTIFICATE OF DEATH

15924

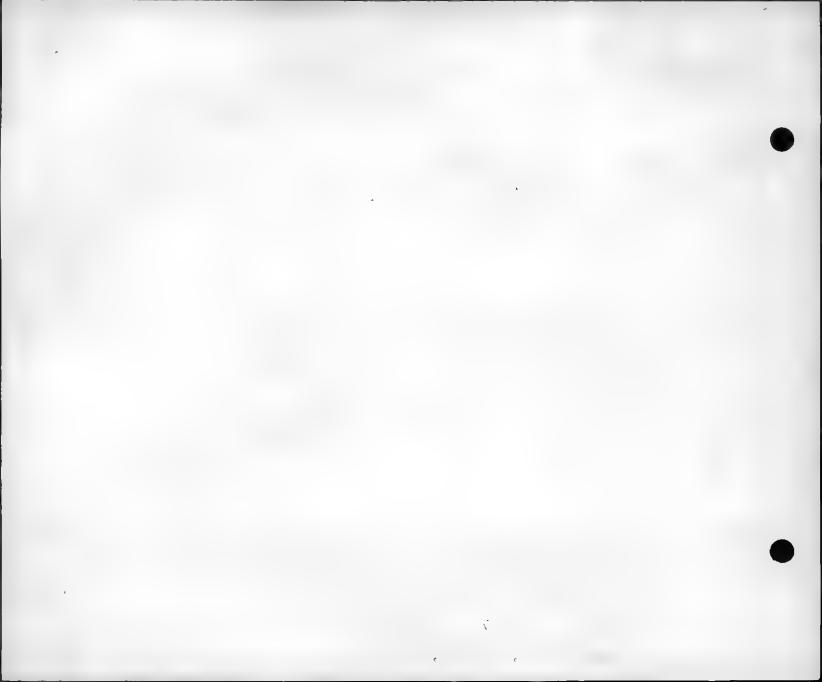
L									
1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived,									
	PRINCE GE	EORGES	MARYLAND	MARYLANI	INCE GEORGES				
	b CITY OR TOWN (If o	utside corporate limits,	c. LENGTH OF STAY IN 16		IRAL and give nearest town)				
	ANDREWS A	AF BASE	18 Days	CAMP SPI	1 1				
	d. NAME OF HOSPITAL (OR INSTITUTION (If not in hospital	, give street oddress)	d. STREET ADDRESS	,	e IS RESIDENCE ON A FARM?			
	MALCOLM (GROW USAF HOS	SPITAL	4714 CE	DELL PLACE	YES NO K			
3.	NAME OF DECEASED	First	Middle	Last	4. DATE Mor	th Doy Year			
L	(Type or print)	NELLIE	RYAN	THOMPSON	OF DEATH NOV	14 19 67			
S	SEX 6	COLOR OR RACE 7, MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Man.			
	FEMALE	CAU WIDOWE	DIVORCED _	17 Jul 189	92 75 yrs	Months Doys Hours Mail,			
10	o USUAL OCCUPATION (Giring most of working life,	ve kind of work done 10b	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY?			
Gu	HOUSEVIFI		NA	OURAY, CO	OLO.	ÜSA			
13	. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	MICHAEL H			MARY HA	ANNON _				
13	WAS DECEASED EVER IN	U.S. ARMED FOR CES? 16 yes give wor or dotes of service)	S. SOCIAL SECURITY NO. 17.	INFORMANT	Add	ress			
L	NO	NA	HA	RRY J. THO	OMPSON (SOK	SAME AS #2			
		(Enter only one couse per line f	1 2 1 2 1 2 1 2 2			NTERVAL BETWEEN ONSET AND DEATH			
	PART I DEATH WAS CAUSED BY. OVARIAN CARCINOMATOSIS OVARIAN CARCINOMATOSIS								
	1750	DUF TO							
	Conditions, if ony, which gove (b) (b) (b)								
	stoting the underlying couse Duc 10								
	lost.) (c)		THE VERMINAL PROPERTY AND	Parties Charles to Party of	Lia was allropsy			
ATION	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE CONDITION GIVEN IN PART I(D) 19 WAS AUTOPSY PERFORMED? YES NO								
CERTIFICATION	20b. ACCIDENT WAS BANDERLYING OR CONTRIB JING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yeor 20d.		ICE OF INJURY (Home, form		(County) (State)			
ME	Hour 'o m.	19 Whi	ile Not While for	tory, street, office bldg., etc.					
	21. I certify that (12 (this haspital) attended the deceased fram 26 Oct , 1967, ta 14 Nov , 19 6 7 that 14) (we) last								
	saw the decease polive on 14 Nov 1967, and that death accurred at 0.015 M, from causes and an the date stated above.								
	220. SIGNATURE M.D. PHYS. DIPPETOR DIP								
	M.D. PHYS. LI DIRECTOR LI PHYS. LA LA								
-			RRIS, CAPT, USA			ash DC 20331			
	BUR AL, CREMATION, BURNAL (Specify)	23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City of To				
1_		11/18/67	ROSE HILL BU		FORT WORTH 7				
		BERT E WILHELM			1	EGISTRAR S SIGNATURE			
1 /	4308 SHITLAND ROAD, SHITLAND, MARYLAND DAILNIN 2 0 1967 Charles Judge								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page should be filed with the State Dept. of Health prior to burial, tremation, or removal, and in any event, withm-VR A15 (4) 25M 1/67

Pages nours of

fillegan papers



15933

CERTIFICATE OF DEATH

15925

	1 6	PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)					
	0	Prince George's	MARYLAND	MARYland Prince Georges					
		b CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
		write RURAL and give nearest tawn)	h 3						
e. Is.		Hyatts urlle	3 Months	W. HyAttsville /6/9					
1	d	d NAME OF HOSPITAL OR INSTITUTION (If not in h	aspital, give street address)	d. STREET ADDRESS e IS RESIDENCE ON A FARM?					
1	_	VATISVILLE NURSIM		173/7 17 Huenue YES NO X					
es 1		NAME OF First DECEASED	Middle	Last 4 DATE Manth Day Year					
		(Type or print) A/MA	VERNAN TI	holyberg DEATH November 29 1967					
	5 5	SEX 6. COLOR OR RACE 7 M	MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.					
	Fe	emale white w	IDOWED 🔀 DIVORCED 🗌	7-17-1895 lost birthday) Months Doys Haurs Min.					
	10a	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT					
	durii	ing mast of working life, ever if retired)	INDUSTRY	Stafford County, VIR ginn U.S.					
	_	FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	7.	ulliam Maste	05	Clizabeth Wiggington					
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16_SOCIAL SECURITY, NO 17_ 1	NFORMANT Address Hypttsuile Md					
	(Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give war ar dates of servi NO	@ 215-54-7419 - [[Ats wille Nuesing Home 6500 Riggs Rond					
	-								
		 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY. 	1. Compusion 7	least Tailuse ONSET AND DEATH					
		IMMEDIATE CAUSE (a)	· Orregion / 4	fullet. 2 w/(3.					
		DUE TO _	T. Timorbark	ie /ful /) esure 2 years					
		Canditians, if any, which gave) (b)		29-11-03					
		rise to immediate cause (a), DUE TO							
		lost (c)							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ICO. 19. WAS ALL								
	CERTIFICATION		PERFORMED?						
26.	[⊴	On ACCIDICATION WAS INTO THE PROPERTY OF THE P	COL DESCRIPT HAVE MANUAL ASSURPTION						
	E .	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	200 DESCRIBE HOW INJURY OCCURRED I	(Enter nature of injury in Port 1 or Part !! of item 18.)					
		(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MED CAL	20x TIME OF INJURY Manth, Day Year Haur a.m.		F Of INJURY (Home, form, 20f. (C'ty ar town) (County) (State)					
	뿔	p.m. 19	While Not While I factor	ary, street, affice bldg., etc.)					
		21. I certify that (I) (this haspital)		11/30 , 196/ to 11/29, 196/that (1) (we) last					
		saw the deceased alive an//_	29 1967 and that	death occurred at 1/15 M, fram causes and on the date stated above.					
		22a. SIGNATURE		22b DATE SIGNED /					
		mmon (Vincare M.D	ATTENDING DIRECTOR DIRECTOR PHYS. DI 11/29/67					
1		22c. PHYSICIAN'S	-1	22d. ADDRESS 2					
		NAME (Type) / 2nm An	1). (IMEALL	3503 /CANY 31 MI //AINIER Md					
	23n	BUR AL CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY 23d LOCATION (City or Town) (County) (State)					
	200	REMOVAL PORTULE 12/4/67							
	9,4		Arlington 1						
	Z4.		uneral ADDRESS Mt. Rat	nier, 250 kee u by keedstrak 256. keedstrak silwaluk					
		Home Inc.	Ma rylan d	DATE OF C R 1967 Colones June					

oges Hand 2 ter death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poges **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages, Pag should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 haurs. Page 4 may be retained by the hospital or attending physician.

VR A1II (4) 2IIM 1/67



34

PLACE OF DEATH o COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER

'S CERTIFICATE O	F DEATH	15926				
2 USUAL RESIDENCE (V o STATE Maryland	2 USUAL RESIDENCE (Where deceased lived, if institution Residence o STATE b. COUNTY T					
	tside corporate limits, write RU	JRAL and give nearest town) /) 2. e IS RESIDENCE				
Giles Lan		ON A FARM?				
ildon 8 DATE OF BIRTH 12-17-1829 1 11. BIRTHPLACE (Stole	4 DATE Mor OF DEATH 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16 19 67 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min				
14 MOTHER'S MA DEN N	Snowden	COUNTEY?A.				
7 INFORMANT Morgan E Tild	en Aberdeen,	Maryland 21001				
ain		INTERVAL BETWEEN ONSET AND DEATH				
cident						

	Prince George's	MARYLAND	Maryland	Hari	ord				
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15		porote limits, write RURAL and give	neorest town)				
	Cheverly	DOA	Aberdeen		12-2				
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	l, give street oddress)	d STREET ADDRESS		e IS RESIDENCE				
	Prince George General Ho	spital	Giles Lane B	30x 203	ON A FARM?				
3	NAME OF First	Middle	Lost 4 DA1	TE Month	Doy Year				
	(Type or pr nt) Robert	Albert Til	don OF	лтн 77	16 19 67				
5	SEX 6 COLOR OR RACE 7. MARRII		DATE OF BIRTH	9 AGE (In years IF UNDER					
١,	Male Negro WIDOW		2-17-7327 1946	1 (ast birthdoy) Months 20 yrs	Days Hours Min				
100	USUAL OCCUPATION (G ve kind of work done 10b	KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreig	in country) 12 CI	IZEN OF WHAT				
dur	ring most of working life, even if retired) Student	INDUSTRY	Havre de Grad	e, Md.	UNTRY?				
13	FATHER'S NAME		14 MOTHER'S MA DEN NAME						
	Morgan E.Tildon		Lucinda Sno	owden					
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	6 SOCIAL SECURITY NO 17 1	NFORMANT	Address					
	es, no, or unknown) (If yes give wor or dates of service)	212-48-9342 Mo	rgan E Tilden	Aberdeen, Mary	Land 21001				
	18 CAUSE OF DEATH (Enter only one couse per line	for (o), (b), ond (c))			INTERVAL BETWEEN ONSET AND DEATH				
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain								
		uma - auto acci							
	Conditions of any which case 3								
	nse to immediate cause (a)								
	stoting the underlying couse DUF TO								
	PART II OTHER'S GNERICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(g) 19 WAS AUTOPS Y								
-	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								
18					AEZ NO X				
CERTIF: CATION	20g EXTERNAL CAUSE WAS 20b	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or	Port II of item 18)					
	PRIMARY Efor CONTRIBUTING OCCUPANT thrown from car after collision with t								
MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)								
1	Hour o.m. While — Not While — foctory, street, office bldg, etc.)								
	2:00ampm 11-16- 1967 of work of work Race Track Rd. & bld Chapel Rd. Bowie, Md.								
	21 certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion								
	death resulted fram: Natural couses , Accident , Suicide , Hamicide , Undetermined manner								
	ACTUAL CHIEF MEDICAL EXAMINER								
	SIGNATURE ATA	22. DATE SIGNED							
	EXAMINER'S John Kehoe, M.D.	Riverdale, Md.	DEPUTY MEDICAL EXAMI	NER 🖵	11-17-67				
	result (Type)		Address (Street city, to		TT-T(-01				
23	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR		LOCATION (City or Town)	(County) (Stote)				
	Burial / 20 Nov 67	Union M.E. Cer	46	oerdeen, Maryla					
2	4. FUNERAL DIRECTOR / / Tarr	ing Funeral Home	250 REC D BY REG	STRAR 255 REGISTRARS S	GNATURE				
1	Velskill Course M. Aber	deen, Maryland	2001 DATE NOV 2	2 1967	00				

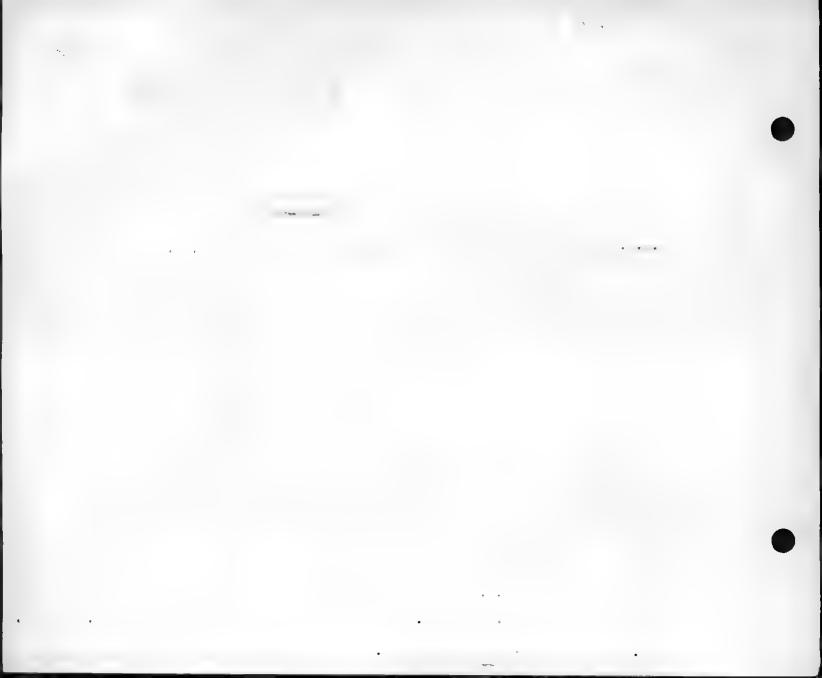
o-f delay is and 3 to the funeral director Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm-Part, Page eperation in pencil in Item 18 Give Pagms 1, 2, This certificate should be executed within 24 haurs after death If 5 may be retained far yaur files. necessary, please execute the certificate, writing the ward "pending" Health priar ta burial, crematian, ar remayal, and TO DEPUTY MEDICAL EXAMINER:

n any event within 72 hours after death.

VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15927 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) COUNTY b. COUNTY 2, ond 3 to PM3 Poge Prince George's MARYLAND Maryland Prince George's deloy b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly DOA Forestville d NAME OF HOSP, TAL OR INSTITUT ON (If not in hospital, give street oddress) B IS RESIDENCE ON A FARM? d STREET ADDRESS form should be forwarded to the Chief Medical Examiner's Office along-with for Prince George's General Hospital YES 🗍 NO X 4009 82nd Avenue NAME OF 4 DATE Month DECEASED (Type or print) OF Anthony Tippett DEATH S SEX 8. DATE OF BIRTH 9 AGE (In years IF LNDER 1 YEAR 7 MARRIED NEVER MARRIED lost birthdoy) buriol-frons t permit. File pages land 2 with only event within 72 hours offer death. Dovs WIDOWED DIVORCED 8-31-15 male white This certificate should be executed within 24 hours 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT dur ng most of work ng life, eyen if retired)
P.B.X. Installer INDUSTRY U COUNTRY? C & P Telephone co Washington D. C.
14 MOTHER'S MAIDEN NAME 13. FAIHERS NAME Wilbur Tippett Alpha Dean 17 INFORMANT IS WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service) Nettie A. Tippett Forestville, 578 52 9761 Yes Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) NTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH Heart Failure IMMEDIATE CAUSE (o) _ please execute the certificate, writing the word DUE TO Conditions, flony, which gove) Arteriosclerotic Heart Disease un! movm nse to immediate cause (o). DUE TO 0 stating the underlying couse cremotion, or removal, and 3 should be used as PART II OTHER 5 GNIFICANT COND TONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPSY MEDICAL CERTIFICATION PERFORMED? NO X 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of Item 18) PRIMARY I or CONTRIBUTING I MEDICAL EXAMINER: CAUSE OF DEATH. 20c TIME OF NJLRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20f (City or town) (County) (State) 5 may be retained for your fi TO FUNERAL DIRECTOR: Page 3 Health prior to burial, crematic Hour am. (actory, street office bldg, etc.) Not While ot work of work 21. 1 certify that I took charge of the remains described above, held an Autopsy Inspect on X, Inquiry X and in my opinion the funeral director death resulted from: Natural causes x. Accident Su'cide , Homic de . Undetermined manner CH EF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAMINER X **EXAMINER'S** NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city town, or county) 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) 230. BURIAL CREMATION (County) (State) REMOVAL (Specify 6 Nov. 1967 Ft. Lincoln Cemetery Colmar Manor Pr. Geo. Md. 24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15ME (5) 6M 1/67 F. Gasch & Sons - Hyattsville, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2000		CERTIFICAT	E OF DEATH		10028			
1 PLACE OF DEATH				Where deceased lived if institute				
1	ice Geor	9 C MARYLAND	a. STATE MCLT	IN COUNTY OF COUNTY	PRINCE GORGE			
b. CITY OR TOWN (IF write RURAL and	outside corporate limits,	c LENGTH OF STAY IN 16	CITY OR TOWN IT CO	. 4 4	At and give nearest town)			
GRE	eabelt	Smcc 4/11/6		5/1606 150 F				
	OR INSTITUTION (If not in hospital	/ ///	d. STREET ADDRESS	Oc. C+	e. IS RESIDENCE ON A FARM?			
Opeen	best in	u Alescont Cen	-(II)	Usage STR				
3 NAME OF DECEASED	First A mes	Middle	N Cared	4 DATE Month	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(Type or print) S SEX	6-GOLOR OR RACE 7, MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	DEATH // OUCH	IF UNDER 1 YEAR IF UNDER 24 HRS.			
M. I	A JCASIANI WIDOW	<u> </u>	4/29/	ost birthday)	Months Days Hours Min.			
100 USLAL OCCUPATION (G ve kind at wark done 10b	KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, at foreign country)	12. CITIZEN OF WHAT			
during most of working lift	e, even if retired) Office	U.S. GOVERNER	A AtLAns	tic. N. J.	COUNTRYUSA			
13 FATHER'S NAME	7 17	1	14. MOTHER'S MAIDEN N	3 /				
Willi	am H low	NSENCL	Louise					
15. WAS DECEASED EVER (Yes, no, or usknown) (()	IN U.S. ARMED FORCES? If yes give wor ar dotes of service)		INFORMANT	Addres				
NO		214-46-9422	William E.	lowarsend	Same as 12 (Son)			
	TH (Enter only one couse per time WAS CAUSED BY:	for (o), (b), and (c).)	1 020	1 -4.	INTERVAL BETWEEN ONSET AND DEATH			
4201	IMMEDIATE CAUSE (a)	Mysean	unt X	yardien				
Conditions, if any, which gove) (b) Spread of Detailed Conditions of the standard Conditions of the s								
rise to immediate	couse (a),	1)			- The raine			
last.	(c)							
PART II. OTHER SIGI	IFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS ALTOPSY PERFORMED?			
Dinbete	& Melletus it	spercholastorol) Post	Historyota	CVA YES NO Z			
200 ACCIDENT WAS CONCONTRIBUTING OF CONTRIBUTING OF		DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in I	Port I or Port II of Jeny 18)	1961			
	EDICAL EXAMINER)	L IMPRING OCCUPATO - 1 co co	ACT OF BUILDINGS	V /	(6.1)			
Hour o.m.	W	hile - Not While - fo	ACE OF INJURY (Hame, farm ctary, street, office bldg., etc.)		· (County) (State)			
p.m.		work L at wark L	1.1.1.12 1	9/1/2 +0/1/1 +0/1/1	, 1967, that ((1) (we) last			
	eased alive on	-1967, and th	at death occurred at.	5725 PM, from couses of	and on the date stated above.			
22a. SIGNATURE	11 81	11	ATTENDING		22b. DATE SIGNED			
	lan / &	Jan 1		DIRECTOR PHYS.	11/10/67			
22c. PHYSICIAN'S NAME (Type)	Alan RG	SALV MD	22d ADDRESS	ble Avr. Take	. P. K111			
			CONTROL OF THE PARTY OF THE PAR	1 (2)	Ma Par N, I Id			
30 BURIAL, CREMATION REMOVAL (Specify)	23b DATE THEREOF 11/14/67	23c NAME OF CEMETERY OF		23d. LOCATION (City or Tow	, , , , , , ,			
24. FUNERAL DIRECTOR	11/14/0/	Ft. Lincoln		Colmar Maj	SISTRAR'S SIGNATURE I			
	asch's Sons H	vattsville. Md.		OV 1 3 1967	Marles Judge			

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death

Page 4 may be retained by the haspital ar attending physician.

V THIES



FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any dailay is necessary, please execute the certificate, writing the word "pending" in penci in Item 18 Given Pages. 1, 2, and 3 ta

Poges 1, 2, and 3 to Poges 1, 2, and 3 to Poges 1, 2, and 3 to Poges 1, 2, and 3 to Poges 1, 2, and 1, and nectissary, please execute the certificate, writing the word "pending" in penct in Item 18 Givill Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files.

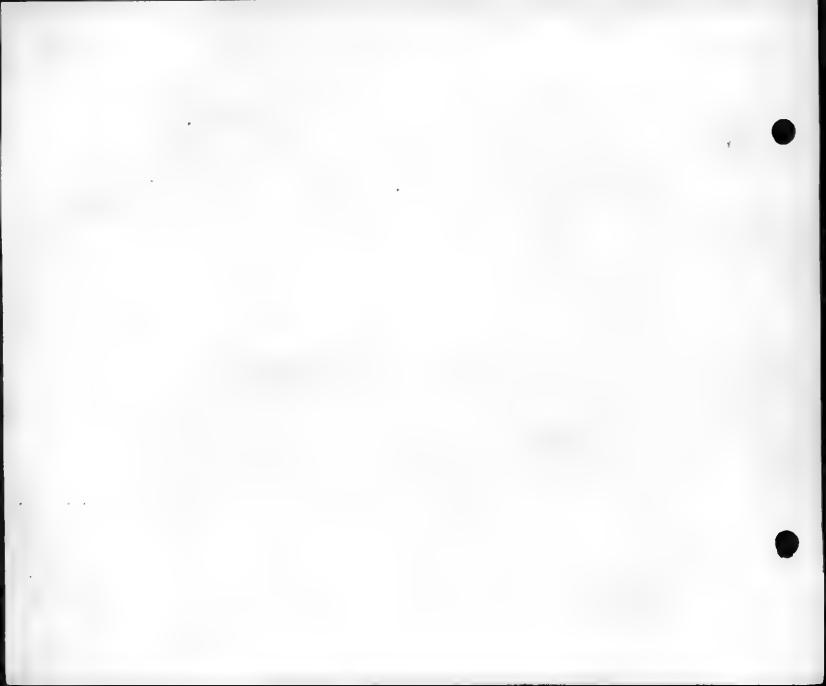
O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health priar to burial, cremation, or remayal, and in any event within 72 hours after death.

VR A15ME (5) 6M 1/67

Item 18 Film 396 1-9-68 anmaryLand STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

T	PLACE OF DEATH				2 HISHAI DESIDENCE	Where deceased and if estitution P.	or dones hafors admireson)			
	o. COUNTY				2 USUAL RESIDENCE (Where deceased leading to the structure of the structur					
	Prince	George's		MARYLAND	U. COUNT					
Г		f outside carparate limit	S	c LENGTH OF STAY IN +6	c CITY OR TOWN (If autside corporate imits, write RURAL and give nearest town)					
	Chever			DOA	Washing	Washington, D.C.				
Г	d. NAME OF HOSPITA	AL OR INSTITUTION (H no	at n hospitol, gi	ve street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	Prince	George's (General	Hospital	410 K	410 K Stfeet NE				
	NAME OF	F	rst	Midd e	_ost	4 DATE Month	Doy Year			
	DECEASED (Type or print)	Erne	est	Α.	Turner	OF DEATH 11	16 1967			
S	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS			
	male	Negro	WIDOWED	DIVORCED 🔀	2-7-11	lost bithdoy) Mor	oths Doys Rours Min			
100	USUA, OCCUPATION	(G.ve kind of work done		D OF BUSINESS OR	11. BIRTHPLACE (Sto	te or foreign country)	12. CITIZEN OF WHAT			
aur	ing most of working		IND	USTRY	El berto,	v GA.	COUNTRY? S.A			
13	FATHER'S NAME				14. MOTHER S MA-DEN					
	George -	e V CVN	24		UNK.	NowN				
	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		OCIAL SECURITY NO 17						
(16	s, 110, 02 (IIK110WII)	(If yes give wor or dotes o	24	17-01-32.59	Hospita	a Pederds				
	18. CAUSE OF DE	ATH (Enter only one cou		o). (b). ond (c))			INTERVAL BETWEEN			
	PART I. DEAT	MI ONSEL AND DEATH								
	14200 DUE TO									
	Conditions, if any, which gove (b) Arteriosclerotic heart disease									
	rise to immediate couse (a). stating the underlying couse DUE TO									
	lost. (c)									
z	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
ATB.	Diabetes mellitus									
CERTIFICATION	200 EXTERNAL CAL PRIMARY III or COR CAUSE OF DEATH		20b DES	CR BE HOW INJURY OCCURRED	(Enter noture of injury i	n Port I or Port II of Item IB)				
MEDICAL		IRY Month Doy, Yeor	20d th.	LRY OCCURRED 20e PL	ACE OF NJURY (Home fo	rm, 20f (City or town)	(County) (State)			
MFD GMFD	2:15pm pm	1	67 While	Not While X Box			. ,			
				ains described above, h			/			
	death result			/	cide . Hamicid		, ,			
		CHIEF MEDICAL EXAMINER								
	ACTUAL SIGNATURE	the	121	To y		ED CAL EXAMINER	22. DATE SIGNED			
	EXAMINER'S	10:00			DEPUTY MEDI	CAL EXAMINER	11-18-67			
	NAME (Type) J	hn Kehoe M	.D., Ri	verdale, Mary	land Address (Stre	eet, city, town, or county)				
	REMOVAL (Spetify)	N, 23b. DATE THE		23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)			
	1	IVOV.	73-67	CAMPSPYI	N95 CM, Ce	my Elberton	6347 "			
24	. FUNERAL DIRECTO	RUNIVOY	1.01	ADDRESS HS	250 REC	CD BY REGISTRAR 2Sb. REGISTRA				
	FU	Neral	Home	o was	A DATE N	OV 28 1967 PM	Confey Judge			

11929



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13 & 11 taken from birth CERTIFICATE OF DEATH

17638

		CERTIFICATI	L OI DEATH							
1. PLACE OF DEATH					ution Residence before admission)					
a. COUNTY	rince Georges	MARYLAND	o. STATE	Land b. (01	INTY rince George					
b CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF STAY IN 16	- 1	utside corporate limits write RI						
write RURAL a	nd give nearest town) Cheverly	6 hrs	Lando	,	11					
d NAME OF HOSP	ITAL OR INSTITUTION (If not in h		d STREET ADDRESS	over	e IS RESIDENCE					
				1 (11)	ON A FARM?					
3. NAME OF	Georges Gener	Middle	3813	3 64th Ave.						
DECEASED	-		Last	OF						
(Type or print) S SEX	6. COLOR OR RACE 7 M	Boy	Twynham 8 DATE OF BIRTH	9. AGE (In years	Vov. 15 19 67					
3 31%		ARRIED NEVER MARRIED		last birthday)	Manths Days Hours Min.					
Male_	IMITTEE	DOWED DIVORCED		1967 · yrs						
100. USUAL OCCUPATIOn during most of working	N (Give kind of work done of the even if retired)	10b KIND OF BUSINESS OR INDUSTRY	13 BIRTHPLACE (County	& State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?					
	3		P. G. Co. N	faryland	U.S.A.					
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
Po	hert Alwyn	Iwynham	Carolan	Gail Finley						
15. WAS DECEASED E	FR IN U.S ARMED FORCES?		INFORMANT	Add	ress					
(Yes, no, or unknown	(If yes give war or dates of serv	ice)								
I 18 CAUSE OF	DEATH (Enter anly one cause per	line for (a) (b) and (c))			INTERVAL BETWEEN					
PART I. DE	ATH WAS CAUSED BY	l. Hydrocephalus	2. Congenit	al cystic hyd						
137X	IMMEDIATE CAUSE (a)									
Conditions if an	v which gave)	thorax, neck, right	ht upper ext	remity.						
nse ta immedia	ite cause (a),		~ 2	w ^r						
stating the und	eriying couse	o. Dilinse gil	osis of cere	brum. 4 Respir	ratory					
) (c)	distress s	yndrome							
S PART II. DINER	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NOTION GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?					
CATION					YES 🔀 NO					
	AS UNDERLYING 🗔 G 🗀 CAUSE OF DEATH	20b DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part (Lafitem 18)						
	Y MEDICAL EXAMINER)									
20c TIME OF IN Hour c	JURY Manth, Day, Year		ACE OF INJURY (Hame, farm		(County) (State)					
₹ noon (.m. 19	While Mat While of far	ctary, street, office bldg., etc.)						
	21. I certify that (I) (this bosoits) attended the deceased from "hm. 17, 1967, to hm. 15, 1967, that (I) (we) last									
		w. 15 1967, and the								
22a SIGNATUR		/ 1	ATTENDING		22b DATE SIGNED					
	white Do	MED STAFF DIRECTOR PHYS C	711-15-67							
22c. PHYSICIÁN	5		D PHYS 22d ADDRESS	DIRECTOR CENTING	7 /					
NAME (Typ		tins, M. D.	6201 Rive	erdale Rd., R	iverdale, Md.					
23a BURIAL, CREMAT	ON. 23b DATE THEREOF	23c NAME OF CEMETERY OF		23d. LOCATION (City or T						
REMOVAL (Speci				Hosp. Cheverly	03010) (000117) (31018)					
24 FUNERAL DIRECT		ADDRESS	- Concrat I	BY REGISTRAR 25b	V. Maryland REGISTRAR'S SIGNATURE					
- Sept		dm. Cheverly, Md		A	CONTRACT STORMION					
The road	James //	J. J. T.	• DATE J	AH P 1900						

the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. after death, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled treat director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Subjuil be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 724757 Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



TO FUNERAL DIRECTOR: After this certificate has b≣en signed by the attending physician and completely filled in by—the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOTPITAL UN ATTENDING ENVIRORM. The law requires that the leafn mertilicate be executed mithin 24 hours after death. Fagn 4 may be relained by the hispital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

-14		
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission)
Н	Prince Georges MARYLAN	B STATE b. COUNTY /
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addr	
Ŋ		ON A FARM?
	Greenbelt Convalencent Home	1025 Janley Road YES NOW
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) Gertale	Van HIEN DEATH NOU 20 1901
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
1	Genale White WIDOWED X DIVORCED	March 21, 1881 86 yrs. Months Days Hours Min.
-1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
1	Housewife Own dome	Covington, Kentucky 11.2.A.
-	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
	C 10 11 1	0 1:
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.]	17. INFORMANT Address
j	(Yes, no, or unknown) (If yes give war or dates of service) + 5 3 -44 -1401	1025 Partey Kood.
Ţ	No lies	Ralph C. Van Allen Silver Sprins, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:	From Dosis Calays
- [2747	alancia unde terminal
ı	Conditions If any which	clevosis una Finning
- 1	gave rise to Immediate	
-	cause (a), stating the underlying cause last.	litis of Colon l'une termined
		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	PERFORMED?
	¿ Generalized Heterio sclerosi	5 - Gene (all & ed 18 10 x
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e	. PLACE OF INURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour a.m. While Not While at work at work	ractory, attect, orace and K., etc.,
	21. I certify that (i) (this hospital) attended the deceased from	11/ay 1, 1965 to 10000 1967, that (i) (we) last
	saw the deceased alive on 19 , and	that death occurred atM, from the causes and on the date stated above.
	22a. SIGNATURE	LOOK DATE DICHED
	A Total	ATTENDING OF MED. STAFF (1/2) >0 /96)
	22c. AHNSICIAN'S	
ţ	NAME (Type)	22d. ADDRESS / 6 620 6 6 6 5 10 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d LOCATION (CLL), town or county) (State)
	Kinial Nov 22 1967 Glewwood	Cometery Washington D. C.
	Collin Collector Glen Carter 8434 Georgia	2 Avenue 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
(Warner E. Pumphrey Onc. Silver Spring	ac Md DAMON 21 1967 Charles Judge

VR A15 (4) 20M 1/65



4263

CERTIFICATE OF DEATH

13931

1		CENTITICATE	OI DERIII							
1	1. PLACE OF DEATH	T.		ceased lived, if institution: Residence	e befare admission)					
	o. COUNTY Prince George 's	MARYLAND	a. STATE Maryland	b. COUNTY Princ	e George's					
	b CITY OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN 16		parate limits, write RURAL and give	neorest tawn)					
	write RURAL and give nearest town) Cheverly	10 hrs.	Mt. Rainier	•	11-1					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, gi	' 16	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
7	Prince George's General 1		3358 Chillu		YES NO X					
	3. NAME OF Fyrst Charles (Type or print)	Middle R•	Van Dolsen OF DE	November	Doy Year 24, 19 67					
	S SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		DATE OF BIRTH /21/96	9 AGE (In years IF UNDER I 7 Past birthday) Manths Manths	YEAR IF UNDER 24 HRS. Days Haurs Min					
		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & State, o		ZEN OF WHAT					
	13. FATHER'S NAME	1	SARAH DI	EVORE						
	IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 S (Yes, ng., grunknown) ((If yes give wor or dates at service)		FORMANT ROSEMARY Me	LAUGHLAddress	. #ba					
	150 100.00.7		1/032)	-SAME !						
	IB CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A R PUT UM (N 1 /) ONSET AND DEATH 2 CONSETT AND DEATH 2 CONSETT AND DEATH									
	Conditions, if any, which gave (b)	ONGESTIL	E HT	FAILURE	2 day					
	stating the underlying cause (c)	-5H0			412					
J.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED? YES NO TEXE					
	OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED. (En	nter nature of injury in Part I or	Part It of item 18)						
	20c TIME OF INJURY Month, Day, Year Hour a.m. While p.m. 19 at work	Not While factory	OF INJURY (Hame, farm, 20 y, street, affice bldg., etc.)	Of (City or town) (Cou	inty) (State)					
	21. I certify that (1) (this hospital) attend saw the deceased alive an	ed the deceased from	death accurred at 9:30.	Nov. 24 , 19 6 M, fram causes and an th	6.7 that (I) (we) last the date stated above.					
	22a. SIGNATURE	The M.D.	ATTENDING MED. PHYS. DIRECTO	STAFF C	TE SIGNED L-25-67					
1	22c PHYSICIAN S NAME (Type) John Kehoe M.D.		Riverdale, Ma	aryland						
)	23c BURIAL, CREMATION, 23b DATE THEREOF CREMOVAL (Specify) ON NOV 27, 1467	230 NAME OF CEMETERY OR CRI	13	LMAR MANOR	(County) (State)					
	24. FUNERAL DIRECTOR MABERS CO R	PERDALE, MARY	LAND 250. REC'D BY REC							

by the funeral Poges 1 and-2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remove carban paper—should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with a 22 Page 4 may be retained by the hospital or attending physician.

hours after/deaths



					CERTI	FICATE	OF DEATH	,		159	32		
		PLACE OF DEATH	e George's	Count	У ма	RYLAND	2 USUAL RESIDENCE (STATE MATY Land	Where deceased live	d, if institution b. COUNTY	Residence before ince Ge	re adm ssion)		
	Ri	write PURAL ond	f outside corporate imit give nearest town)	s,	2 days		Chillum,	•	ts, write RURAL	and give neare	st town)		
7	· ·		al or institution (if no cland Memo:	1 /	,		d street address 1				e IS RESIDENCE ON A FARM? YES NO		
		V-11	ames	rst	Middle C.		Walsh	4 DATE OF DEATH	Month	Day 12	19 67		
	\$!	Male	6. (OLOR OR RACE White	7 MARRIED WIDOWED			6-4-96			F UNDER 1 YEAR Manths Days	Haurs Min.		
	duri				IND OF BUSINESS OR NDUSTRY Post Offi	.ce	II BIRTHPLACE (County		untry)		12 CITIZEN OF WHAT COUNTRY?		
	N	FATHER S NAME Latthew N					14. MOTHER'S MAIDEN Alice Gath						
	15 (Ye	was Deceased EVE s, no, or unknown) yes	R IN U.S. ARMED FORCES? (If yes give war or dates	/ 1 1	SOCIAL SECURITY NO. 77 10 3111		nformant itting Reco	rē	Address				
		PART I. DEAT	ATH (Enter only one col H WAS CAUSED BY: IMMEDIATE CAUSE		(a), (b), and (c))	TIVE	HEART	FAIL	URE	ON	TERVAL BETWEEN USET AND DEATH		
		Conditions, if ony, nse to immediate stoting the under	e cause (a), ((b)	ATRIAL	FI	BRILLATTO	·~	···	U	NKNOWN		
1	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									WAS AUTOPSY PERFORMED? (ES NO		
	CERT	2Da ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20 b. D	ESCRIBE HOW INJURY	OCCURRED.	Enter noture at injury in	Port 1 or Port II of	item 18)				
	MEDICAL	20c TIME OF INJU Hour fain pin	10	While	INJURY OCCJRRED e Not While rk at wark		CE OF INJURY (Hame, far ary, street, affice bldg., etc.)	or tawn)	(County)	(State)		
			y that (I) (this has eceased alive an_	pital) atten	nded the deceased	and tha	JULY, t death accurred at	19.62, to 1 11.4 M, from	2 NOV n couses an	_, 19 <u>6.7,</u> tl d an the dat	nat (I) (we) las te stated abavi		
		22c SIGNATURE	()+	Journa	roun	M.C			STAFF PHYS	226 DATE SIGN			
	000	22c. PHYSICIAN'S NAME (Type)		1T	LANN NAME DE CEI	HETERY AS	22d. ADDRESS	RIVER) (fount	u) (Stota)		

O67 Ft Lincoln Cemetery
ADDRESS
Hyattsville, Md.

Colmar Manor

1967

REC'D BY REGISTRAR

2So

Prp

25b REG STRAR S SIGNATURE

Geo

Md.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 3 shauld be detached for use as the burnol-transit permit. Then please remove corban pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

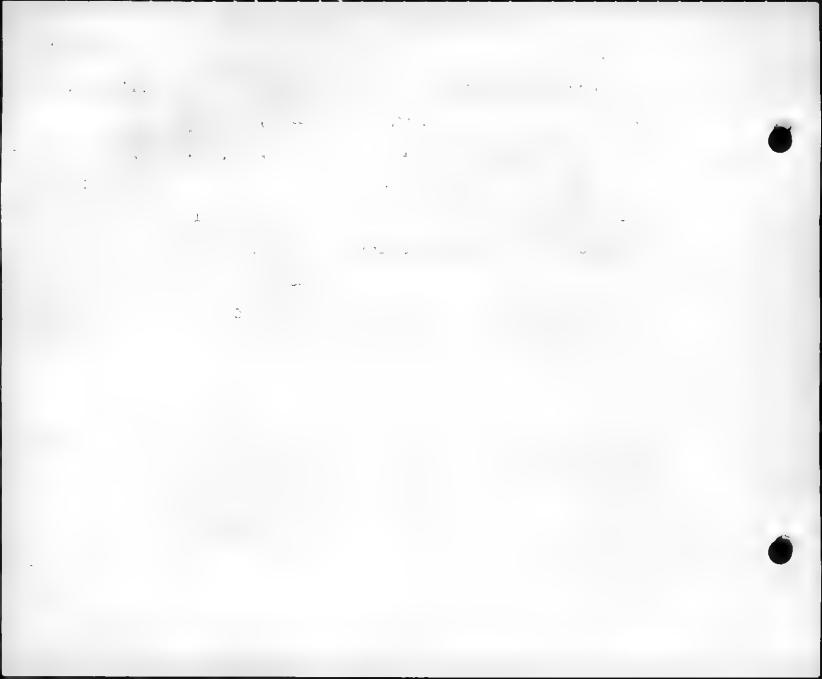
REMOVAL (Specify)
Burial

Nov

24 FUNERAL DIRECTOR F. Gasch's Sons

16, 1967

VR A15 (4) 25M 1/67



	esidence before admissibn)							
Prince George Maryland Maryland M								
	o. STATE Maryland b. COUNTY Montgomery							
b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL on								
write RURAL and give pearest town)_	, –							
Hyattsville 5 yrs.10 mo. Silver Spring d NAME OF HOSPITAL OR INSTITUTION (Ht not in bospital, give street oddress)	l e IS RESIDENCE							
114 Conea 'twe	ON A FARM?							
Sacred Heart Home, 5805 Queens Chapel Rd. *** *** *** *** *** *** *** *** *** *								
3 NAME OF First Middle Lost 4 DATE Month OF	Day Year							
(Type or print) Julia B. Walsh DEATH November	19 19 67							
Lest huthdry Hear	NDER I YEAR IF UNDER 24 HRS.							
Female White WIDOWED DIVORCED July 1, 1885 82 Yrs.	IIII							
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT							
during most of working life, even if retired) Practical Nurse New York City, N.Y.	COUNTRY? Inited States							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
Charles Blum Elizabeth Do	aret.							
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 4.17 INFORMANT.								
(Yes, no, or Joknown) (If yes give wor or dates of service) 125-18-5644 Sacred Heart Home, Hyattsville	Mary and							
no 125-18-5644 Sacred Heart Home, Hyattsville	INTERVAL BETWEEN							
PART I DEATH WAS CAUSED BY.	ONICCE AND DEATH							
14 201 DUE TO INFARCTION	DIM ICEAS							
	6 V-22							
(and thens, if any, which gave rise to immediate cause (a). (b) ARTERIOSCLEROTIC HEART DISEASE	O / CHRS							
storing the underlying couse	- 6 VEDRE							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?							
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING LAUSE OF DEATH OR CONTRIBUTION LAUSE OF DEATH OR CONTRIBUTING LAUSE OF DEATH OR CONTRIBUTION LAUSE OF DEATH OR	YES NO							
© 205 ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)								
20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (State)							
Hour a.m. 19 While Not While foctory, street, office bidg., etc.)								
21. I certify that (I) (this haspital) attended the deceased from HRR 12 20, 1961, to NOV 19.	1962, that (I) (we) la							
saw the deceased alive an NOV 18 1967, and that death accurred a M. fram causes and	an the date stated abov							
720 SIGNATURE 27	2b. DATE SIGNED							
Thomas F. Collins MD ATTENDING DIRECTOR DIRECTOR PHYS. 01	1-19-67							
, 22c. PHYSICIAN'S 22d ADDRESS								
NAME (Type) THOMAS F. COLLINS 322- HAINE								
230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)							
REMOVAL (Specify) Nov. 21, 1967 St. John's Cometery Gorest Clan. M	, ,, ,							
24 STINISPAL PROPOSICION //								
Hanger & Purphyen Inc. Silver Spring Md. DATE	0 6							

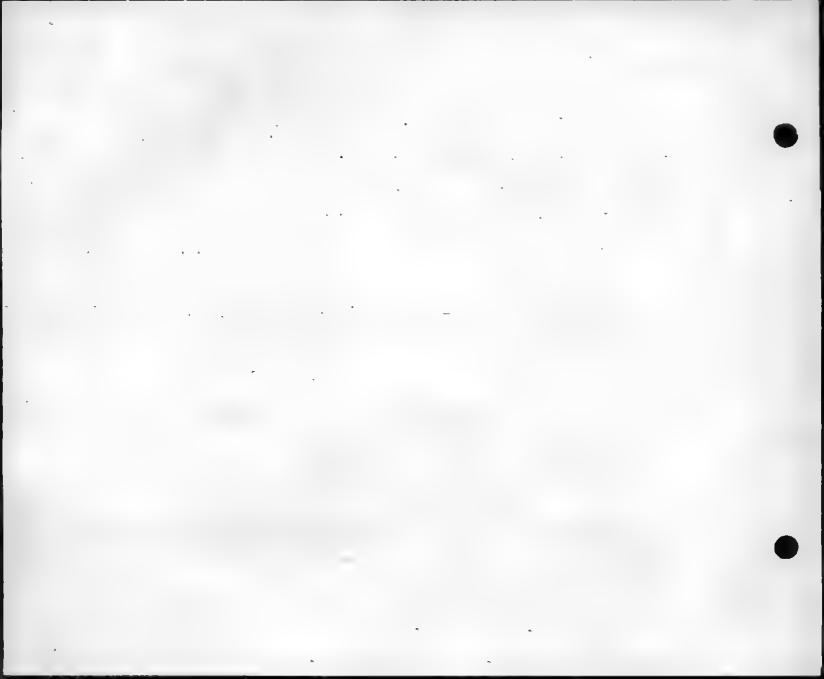
Land 2 ours after death.

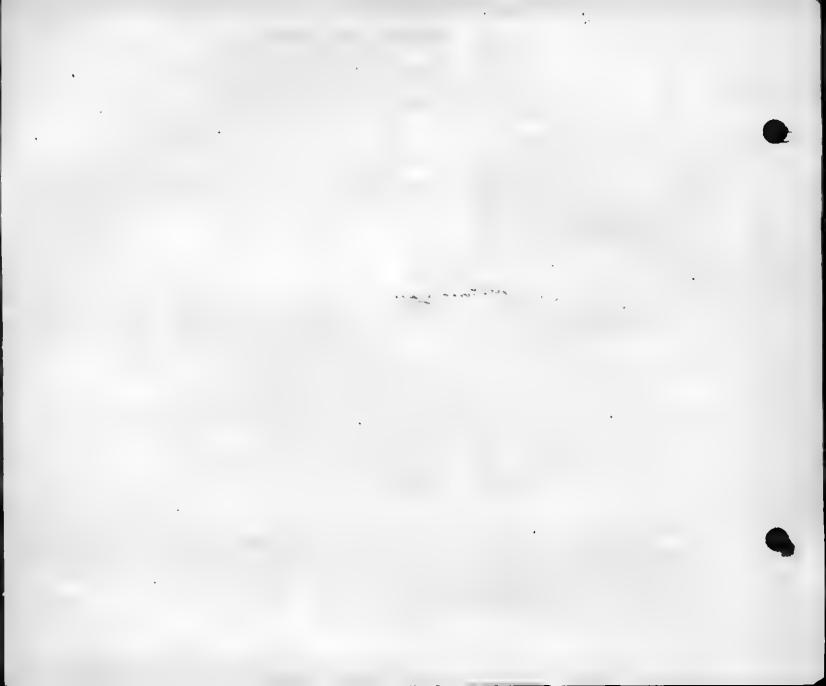
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Lineph director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papecs. Pages Land shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 27 hours after deat

TO HOSPITAL OR ATTENDING PHYSICIAL: The law requires that the death certificate be exercited within 24 hours

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66





15935

J		CEKTIFICATE	OF DEATH	
1	1 PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence before admission)
1	o. COUNTY Prince Georges	MARYLAND	o. STATE b. COUNTY Prince	ce Georges
I	b CITY OR TOWN (f autside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL	and give nearest town)
1	write RURAL and give nearest tawn) Cheverly	24 days	Capitol Heights	,
	d NAME OF HOSPITAL DR INSTITUTION (If not in haspital, g		d. STREET ADDRESS	e 15 residence On a farm?
4	Prince Georges Genearal I	Hospital	828 49th Avenue	YES NO 🖈
1	3. NAME OF First DECEASED	Middle	Last 4. DATE Manth OF	Doy Year
1	(Type or print) Frankick		andschneider DEATH No	c. 21 19 67
	S. SEX 6. COLOR OR RACE 7. MARRIED			FUNDER I YEAR OF UNDER 24 HRS Months Doys Hours Man
Ì	Male White WIDOWED	#N	Sept. 1906 61 yrs.	
ı	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Caunty & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	<u>Retired</u> coa	l minor	Hamburg Germany	U S A
	13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME UNKNOWN	
١				
1	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service)		NFORMANT Lospital Records Cheverl	v Nd
-			ospital metoras onever	
1	1B. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY.	(a), (b), and (c).)	1 Hercieas	INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (a)	Clever		
1	Canditions, if any, which gave)		√	
1	rise ta immediate cause (a),	-		
1	stating the underlying cause (c)			
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH RUT NOT PELATED TO T	HE TERMINAL DISEASE CONDITION COVEN IN PART 1(a)	19. WAS AUTOPSY
v.	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. 20d. IN While	O DEATH BOT NOT REBILD TO	THE PERMITTY OF THE PROPERTY OF THE PROPERTY OF THE PERMITTY O	PERFORMED? YES NO IXIX
	20g ACCIDENT WAS UNDERLYING 20b. DES	SCRIRE HOW INJURY OCCURRED /	Enter nature of injury in Part I or Part II of item 18.)	10 10 24
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TERIOR HOTE HOTEL VECTORIES.	enter the second of the second	
	3 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED T 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
	Haur o.m. White at wark	Nat While facto	ary, street, affice bldg., etc.)	, ,
١	21 certify that \$1 (this hospital) attend	ded the deceased from (Oct. 29 , 1967 , to Nov. 21	. 19 67 that (4) (we) last
	saw the deceased glive on Nov. 2	1, 19 67, and that	deoth occurred dt2.55 AM from causes an	d on the date stated obove.
1	220 SIGNATURE	Mondo	ATTENDING MED. STAFF	22b DATE SIGNED
1	The state of the s	M.D	PHYS. DIRECTOR PHYS.	100.22,1967
	22c. PHYSICIAN'S NAME (Type) Armold G Brody	1. D. wy	Prince Georges General H	ospital
	230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR X	SECOND CONTROL 23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify) Nov 24, 1967	Baltimore Nati	33 - 3 4 5	Md.
1	24. FUNERAL DIRECTOR	ADDRESS /	2Sa REC'D BY REGISTRAR 2Sb REGIS	TRAR'S SIGNATURE
	F. Gasch's Sons I	lyattsville, Md	DATE NOV 2 7 1967	1. 2 . 1 21 Judges

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottmrding physicion and completely falled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages, leages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death TO MOSPITAL OR ATTENDING PHYSICALS: The law requires that the Leoth certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



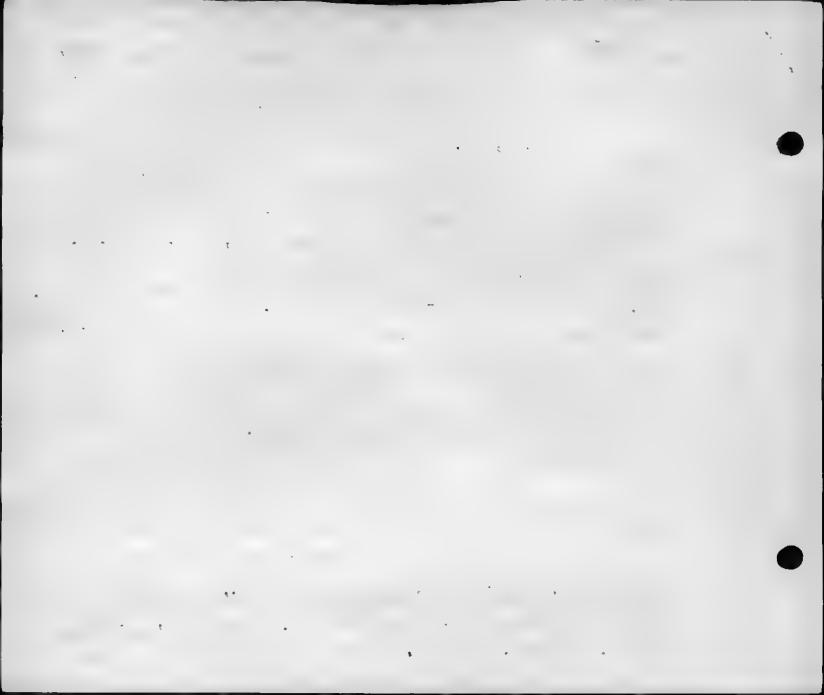
		CERTIFICATE OF DEATH
		PLACE OF DEATH COUNTY COUNTY COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE OR Y ON A COUNTY MARYLAND MARYLAND
	0	CCITY OR TOWN (If outside disposote limits, write RURAL and give nearest town) CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) INAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	3 F	The View Carden's Health Care Center YES NOTE North Day Year
	s s Fa	DECEASED Type or print) Annie New Married Never Married
	dur	USUAL OCCUPATION (Give kind of work done in the property of th
	15 (Yes	SUSANA WARD SIMMONS WAS DECEASED EVER IN U.S. ARMED FORCES? NO. 10. 464M-SPEUKITI-NO. 17 INFORMANT, Address Lot 25 RFD NO. 17 INFORMANT, Address Lot 25 RFD NO. 18 Morganet Grime's Box4311 Upper Morlane M.
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CARDIAC ARRHEST DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. (c)
)	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO} \)
	AL CERTIFICATION	20a ACCIDENT WAS UNDERLYING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18)
	MFDICAL	20c TIME OF thurstern Month, Doy, Year Haur a.m. p.m. 19 20d INSURY OCCURRED While at work at
		21. I certify that (I) (this haspital) attended the deceased from
		MAME (Type) 22d. ADDRESS 1/200 LOCKWOOD de SILVERSPRING MA
2		BURAL (REMAIJON, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 11/19/1967 Park Hill Cemetery Marbury, Matyland (Stote)
V	24.	FUNERAL DIRECTOR P ADDRESS P 250 REC'D BY REGISTRAR'S SIGNATURE

TO MOSPITAL OF ATTEMBING PRYSICIAM: The low requires that the death certificate 📠 executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages I and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours afterweath. Page 4 may be retained by the hospitol or attending physician. VR A15 (4) 25M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) e. COUNTY b. COUNTY MONTGOLLRY PRINCE GEORGES by the fand 2 seed to 3 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 write RURAL and give neerest town) GARRETT PARK Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE papers. Pagin 72 hours a ON A FARM? 1509 OxfordStreet YES NO I Laurel General Hospital, Inc. e 3. NAME OF DECEASED Middle DATE Month Dev Yeer complet OF DEATH November 1967 !Type or print! FRANK withir carbon-IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH 7. MARRIED K NEVER MARRIED and last birthdey) Months DIVORCED July 1891 Male WIDOWED Caucasian physician a 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Washington, D. C. U. S. Civil Engineer attending ph Then please r val, and in a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Ella Ragan Llovd Everett Weaver 15. WAS DECEASED EVER IN U.S. ARMED TOWNS (Yes, no, or unkown) (Hyesgivewarordatesofservice) 378=16-3 Then 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Same removal, Item 2. 88 Elizabeth D.Weaver the permit. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerosis burial-transit per years IMMEDIATE CAUSE (e) cremation. ending Diabetes mollitus. adult-onset type 6 years Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(-): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 Cirrhosis of liver: portal hypertension 7 years. NO X USB prior 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) ρ detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) Affer MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year fectory, straet, office bldg., etc.) While Not While at work et work DIRECTOR 21. | certify that (i) (this hospital) attended the deceased from 19.00 to 12 November 07, that (i) (we) last saw the deceased aline on 12 MOV 1967, and that death occurred ab 30M, from the causes and on the date stated above. should ATTENDING 22b. DATE 22e. SIGNATURE STAFF SIGNED DIRECTOR PHYS. death. Page 4 M.D. PHYS. Nov 6 HOSPITAL page with # 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type J. Richard Compton. Hain St. Laurel, Maryland 20810 director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) Arlington, Virginia Arlington Natl Cem. 250. REC'D BY REGISTRAR 356. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE PUMPHREY, Bethesda, Maryland VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



- FQ47

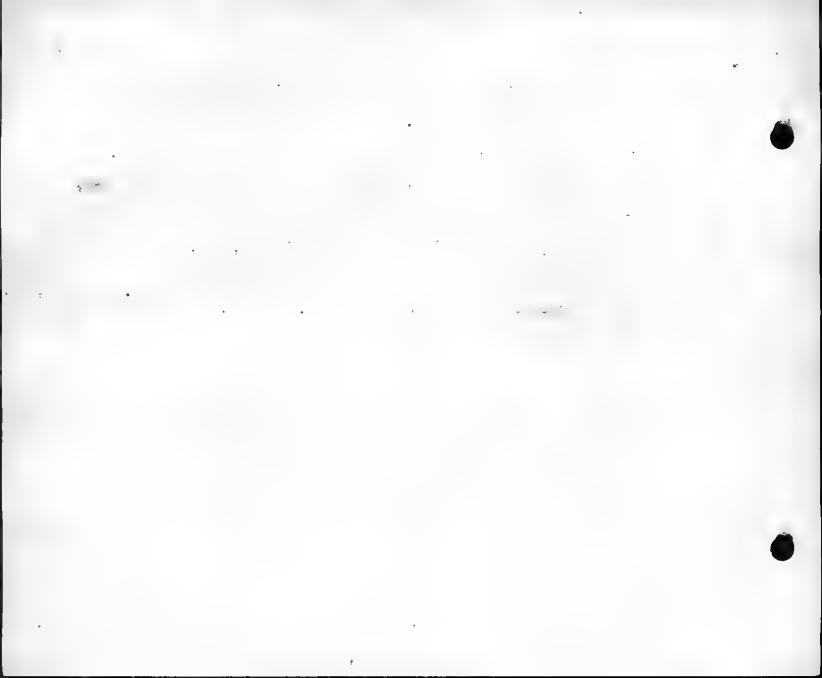
1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before of STATE	odmission)
o. COUNTY Prince George MARYLAND O. STATE D. COUNTY District of Columbia	
b. CITY OR TOWN (If outside corporate limits, unite RURAL and give nearest	town)
write RURAL and give necrest town) Hyattsville 2yrs. 10 M Washington 4/7	-
	IS RESIDENCE ON A FARM?
Carroll Manor 4922 LaSalle Road 3225 Hiatt Place, N.W.	ES NO X
3. NAME OF First Middle Lost 4. DATE Month Doy	Year
(Type or punt) Josephine G, Weber DEATH November 30.	19 67
S SEX 16 COLOR OF PACE 7 MARDIED MEVED MADDIED TO BE RIPTH 9 AGE (IN years IF UNDER TYPAK)	Hours Min.
Female White WIDOWED DIVORCED 2/16/81 86 yrs 9 14	
100 JSUAL OCCUPATION (Give kind of work done during neet of working life, even if retired) 10 LINDUSTRY 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY?	WHAT
Mashington, D.C. 105A	
13. FATHER'S NAME	
Leonard Weber Mary Dittmeyer	7. 11.
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4413 Highland Adve. Bethe (Yes, no, or unknown) (If yes give wor or dates of service)	-
no Mrs. Clyde w. nammerbacher-sis	
DART I DEATH WAS CAUSED BY	RVAL BETWEEN ET AND DEATH
MMEDIATE CAUSE (o) CETEDIAL EMBOLUS 2 days	
Conditions, if ony, which gove) (b) Hypertensive Heart Disease 2 v	
rise to immediate cause (o), (ii)	ears
stoting the underlying couse (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	WAS AUTOPSY
AE AE	PERFORMED?
YE 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH ITEMPER NOTIFIED NOTIFIED TO THE PART OF THE	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Horne, form, foctory, street, office bldg, etc.) (City or town) (County)	(Stote)
While Not While of work office bldg, etc.) p.m. 19 ot work of work office bldg at work of wor	
21. I certify that (I) this hospitals attended the deceased from April 29 , 19 65 , to Nov. 30 , 1967 , the	ot (I) seye) fast
saw the deceased alive an Nov. 30 19 67, and that death accurred at 90 M, fram causes and on the date	
220. SIGNATURE 22b. DATE SIGNE	
22c, PHYSICIAN'S DEC. 1	1967
NAME (Type) Thomas F Collins, M.D. 322 H St. N.E. Washington, D.	C. 20002
230 BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
Burial 12/4/67 St. Peter's Harpers Ferry W.	Va.
24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home 13991ESS Rockville Pike RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY REGISTRAR 250 SECURARS SENABLES TO THE PIKE RECT BY	edge.
Tyson Wheeler Funeral Home Rockville, Maryland EC 6 196/	(/

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paperare should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 2 hours. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 28M 1/67

FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

ond the funeral 65

Z houg



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH 620 pluods 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where decreed lived, If institution: Residence before edm ssion) a. COUNTY b. COUNTY and 2 Prince Georges Maryland Geo MARYLAND b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cheverly Mo., 2 Days RURAL-Upper Marlboro Page d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospitely give street address) IS RESIDENCE ON A FARM? Georges General Hospital Gen. Delivery YES NO T 3. NAME OF 4. DATE Dev ded Month DECEASED OF (Type or print) DEATH John Henry Wedge 67. and cor November withi 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR) 8. DATE OF BIRTH IF UNDER 24 HRS lest birthday) Months Days Hours April WIDOWED [DIVORCED | Male remove Negro 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Gardening Work Laborer M aryland U. S. .⊑ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please pue John Ed. Wedge Eleanor Jackson Gen. Delivery
Upper Marlboro, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? removal. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give we rordates of service) Sarah H. Wedgeysician. ad by the permit. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) urial-transit DUE TO Conditions, il any, which gave rise to immediate cause DUE TO (a), sleting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE VERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certifical 8 0 CERTIFICATION PERFORMED? r use NO Z For 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL DIRECTOR: After should be detach state Dept. of H 2De. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) lectory, street, office bldg., etc.) Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from 19.6.../that (I)_(we) last DIRE 19.0..... and that death occurred at 300 from the causes and on the date stated above. saw the deceased alive on. ATTENDING leath. Page 4

FUNERAL

irector, page 4

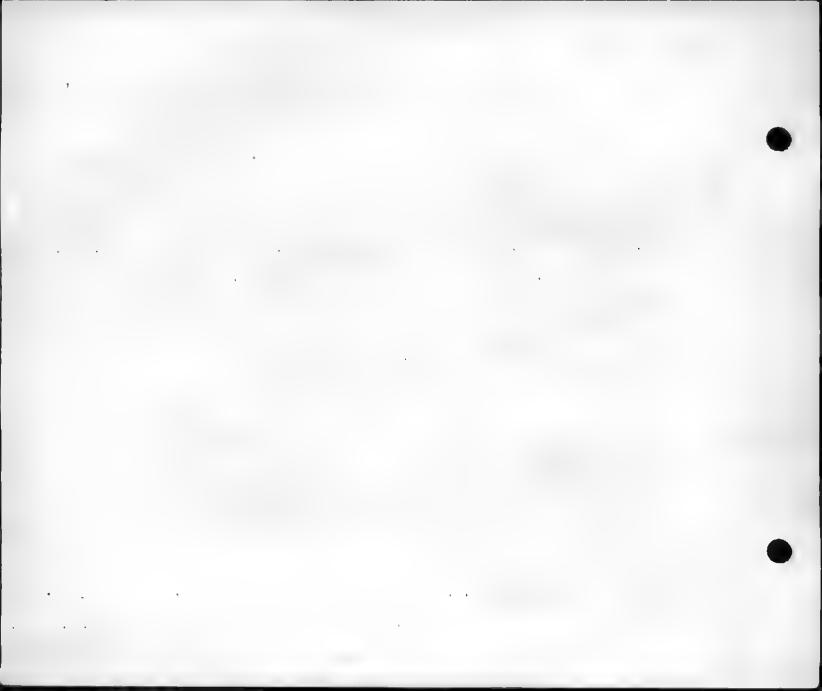
e filed with th HOSPITAL DIRECTOR PHYS. 67 PHYS. M.D. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) cer, M. D. Upper Marlboro, Maryland 20870 23a. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stote) ពីធ្នុង REMOVAL (Specify) Upper Marlboro Burial Mt. Carmel Cometery 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 196 DATIDEC 8 VR A1S Ritchie Bros. Upper Marlboro Md. 20870

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

(Pa)	CERTIFICATE OF DEATH		
after death the funeral ages 1 and 2 after death	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) a. STATE b. COUNTY		
affer he fu ges 1 affer	Prince George's MARYLAND Maryland Prince George's CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)		
ours afte by the f Pages urs afte	write RURAL ond give nearest town) Cheverly 13 days Hyattsville		
22 h	. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George General Hospital 3800 56th. Avenue e is respending on a farm? YES \(\sum no	E 7	
	IAME OF First Middle Last 4. DATE Month Day Year	كا	
ed w letel carbo	receased (year point) Robert J Welch DEATH 11 9 19 67		
d camp mave iny eve	ale White WIDOWED DIVORCED 4-12-1898 69 vis.	HRS lin,	
eath certificate be executed within 24 has ending physician and campletely filled in mit. Then please remaye carbait pages ar removal, and in any event, within 72 has a contraction of the property of the pr	USUAL OCCUPATION (Give kind of work done lob Kind of Business or like live Service Automobile Mfg. Illinois 12 CITIZEN OF WHAT COUNTRY? U.S. A.		
hysic n ple /al, o	FATHER'S NAME 14. MOTHER'S MAIDEN NAME		
ng p The The	WAS DEPENDED IN U.S. ARMED FORCES IN COCKE SPECIALLY IN THE INCOMPANY		
ne death attendir permit. ian, ar re	no (lify segive war ar dotes of service) 121 12 5147 Virginia Welch Same as # 2 (wife)		
at the the most	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute pulmonary edema 3 days	N H	
quires that t physician. signed by the burial-transit burial, cremal	DUE TO Arteriosclerotic heart disease over 5 yrs		
quire physical igne ouria ouria	Conditions, if any, which gave rise to immediate cause (a). (b) And uremia 5 days		
he law requires thi attending physician, has been signed by se as the burial-tra h priar to burial, cre	stoting the underlying cause (a) And Cerebro vascular occlusion (b) 5 days	5 days	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS A TOPSY PERFORMED? YES \[\] NO		
ははまっち	206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II af Item 18.) OR CONTRIBUTING CALUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
this this detacted be Dep	20c TIME OF INJURY Manth, Day, Year Haur a.m. P.m. 20d INJURY OCCURRED While Nat While at wark of w	e}	
Notice State	21. I certify that (I) (this hospital) attended the deceased from June , 19_57 ta_11_9- , 19_67, that (I) (we)	la	
A AT LEN retained ECTOR: / 3 shauld with the	saw the deceased alive on 17-9- // 1967, and that death occurred at 11-0 Montion causes and an the date stated ab	·QV	
g e e e	M.D. ATTENDING MED DIRECTOR STAFF DI 11-10-67		
	Physician's NAME (Type) John Kehoe, M.D. 22d ADDRESS 6300 Riverdale Rd., Riverdale, Md.		
Page 4 may To FUNERAL director, page should be fit	BURIAL, CREMATION 236 DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)		
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Burian State 11/13/67 Ft. Lincoln Colmar Manor P.G. Mc	<u>d.</u>	
VR A15 (4)	FUNERAL DIRECTOR ADDRESS Prancis Gasch's Sons Hyattsville, Maryland ADDRESS ADDR		
23/4 1/0/ 0	tanets Gasen's Bons rivattsville, Maryland Dar		



de ay is 2, and 3 ta P.M.3. Page

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death If

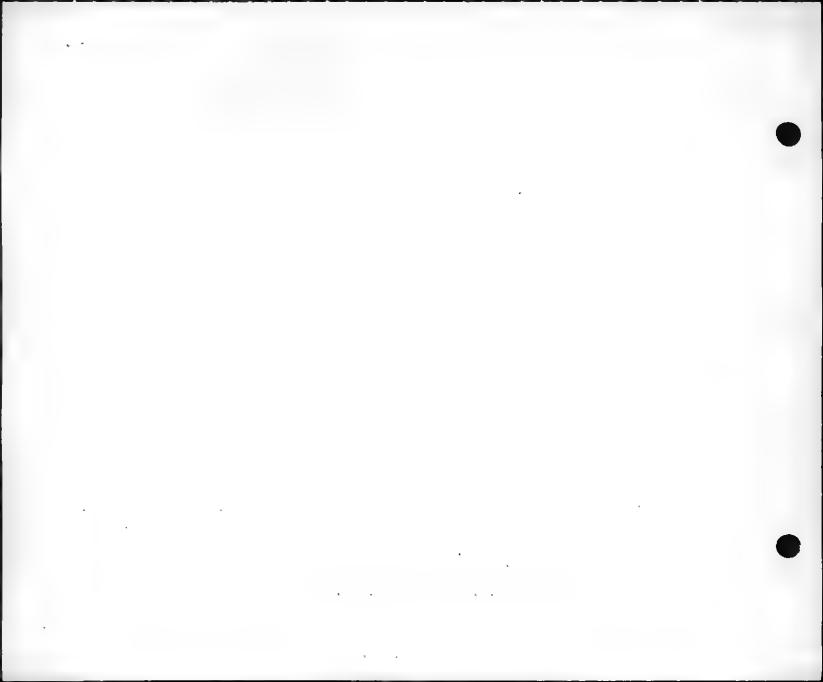
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit

5 may be retained for your files.

VR A15ME (5). 6M 1/66

3 7540

	-,	MEDICAL EXAMINER 5	CERTIFICATE OF DEATH	10.50				
		PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived if institution if	Residence before admission)				
		Prince George's MARYLAND	a STATE b COUNTY					
		CTY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b	Maryland Prince (c CITY OR TOWN (If auts de corparate limits, write RURAL o	nd give negrest tawn)				
		write RURAL and give nearest town) Riverdale		16-1				
		Riverdale 10 days 1. NAME OF HOSPITAL OR INSTITUTION (14 not in hospita, give street oddress)	Clinton d STREET ADDRESS	e IS RESIDENCE				
2				ON A FARM?				
e ^p		celand Memorial Hospital	7628 Albroath Road	YES NO w				
	1	DECEASED	Lost 4 DATE Manth OF	Day Year				
	S	CELL COLUMN TO THE COLUMN TO T	erking DEATH 11 B DATE OF BIRTH 9 AGE (In years) IF.	75 1967 JNDER 1 YEAR THE UNDER 24 HRS				
	, .	MEALY MAKED	lost birthday) Ma	nths Days Hours Min.				
		emale White WIDOWED DIVORCED	14 May 1953 14 Y'S	10 (7177) - 05 (1917)				
	duri	SLAL OCCUPATION (Give kind of work done ng most of working life even tiretired)	11 BIRTHPLACE (State or fareign country)	OUNTRA?				
				USA				
	13.	FATHER'S NAME Philip N Werking	14. MOTHER'S MAIDEN NAME Annie L Armstrong					
	15. Ye		INFORMANT Address Hospital records Riverdal	hM a				
		none i	TOSPICAL I COOK AS I VCI GAI					
		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY.		INTERVAL BETWEEN ONSET AND DEATH				
		IMMEDIATE CAUSE (o) Laceration of brat	in					
	П	Trauma auto accide	ent					
		Conditions, if any, which gove (b)						
		stoting the underlying couse Dut 10						
		lost. (c)						
,	3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND T ON G VEN IN PART I(a)	19 WAS AUTOPSY PERFORMED?				
hu	CERTIFICATION			YES NO K				
		200 EXTERNAL CAUSE WAS PRIMARY □COT CONTRIBUTING □ 20b DESCRIBE HOW IN. JRY OCCURRED	(Enter nature of injury in Part I ar Part II of item 18.)					
		CAUSE OF DEATH. Passenger in car	involved in collision					
	MEDICA.	20c TIME OF INJURY Manth, Day, Year 1 20d, NJURY OCCURRED 1 20e, PLA	ACE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	(County) (State)				
	W.	Hour o.m. 11-5- 1967 While Not While 4.900	D Powder Mill Rd. Beltsvill	e_Md.				
		21 I certify that I took charge of the remains described above, he	eld an Autopsy 🔲 , 🛮 Inspection 😓 , 🖯 Inquiry					
		death resulted fram: Natyro couses () Accident (Sun	cide Homicide Undetermined manne	pulses.				
			CHIEF MEDICAL EXAMINER	Lamped .				
	SIGNATURE ASSISTANT MEDICAL EXAMINER 22. D							
		EXAMINER'S TO THE TOTAL PROPERTY OF THE PROPER	DEPUTY MEDICAL EXAMINER	22 25 /8				
h.,		NAME (Type) John Kehoe, M.D. Riverdale, M.	Address (Street, city, town, or county)	11-15-67				
	230	BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR		(County) (State)				
		Burial Nov 17, 1967 Ft Lincoln Co						
[24.	FUNERAL DIRECTOR ADDRESS		ARS S GNATURE				
		F, Gasch's Sons Hyattsville, Nd.	DATE NOV 1 7 1967	Thomas Judge				



CERTIFICATE OF DEATH

15941

1. PLACE OF DEATH			Where deceased wed, if institution					
o. COUNTY Prince Georges	MARYLAND	Maryland	Princ	e Georges				
b. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16		itside carporate limits, write RURAL					
write RURAL and give nearest town) Cheverly	5hrs.50mins	Lanham		1. /				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS		e 15 RESIDENCE ON A FARM?				
Prince Georges General Hos	pital	9513 Worre	11 Ave.	YES NO				
3 NAME OF First DECEASED	Middle	Last	4. DATE Manth	Day Year				
(Type or print) Frank	_	Whedbee	DEATH NOV.	28, 19 67				
S. SEX 6. COLOR OR RACE 7, MARRIED	XX NEVER MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS				
Male White WIDOWED	DIVORCED	3/24/06	61 yrs.	Idillis Days Hill				
	ND OF BUSINESS OR	11 BIRTHPLACE (County	& State, or foreign country)	12 CITIZEN OF WHAT				
during most of working life, even if retired) Salesman	ought ployed	Virgi	nia	COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN						
Samuel whedbee		Annie	Chauncey					
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17	INFORMANT	Address					
(Yes, no, ar unknown) (If yes give war or dates af service)	7 07 8558 E	Edith Whedbe	e Lanham, M	d				
18. CAUSE OF DEATH (Enter only one cause per line for	(a), (b) and (c).)			INTERVAL BETWEEN				
I MARINALE CAUSE (A)	tro-intestina	l Hemorrhage		ONSET AND DEATH				
5 8 / 0 DUE TO								
Conditions, if any, which gave (b) Ruptured Esophageal varices								
rise to immediate cause (a), storing the underlying couse DUE TO								
kast (c) Cir	rhosis of the	Liver						
PART 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)								
Diabetes Mellitus 200 ACCIDENT WAS HARDER! VING TO 200 DESCRIBE HOW INSIRY OCCURRED /Enter nature of lawyry in Port Lot Part H of Idean 18.)								
200 ACCIDENT WAS UNDERLYING 1 206 DE	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part Lor Part II of Item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c TIME OF INJURY Month, Day, Year 20d In		CE OF INJURY (Hame, farm		(County) (State)				
Hour a.m. 19 at warf		tory, street, off ce bldg., etc)					
21 certify that (1) (this besortal) attend	led the deceased from	NOU 28	9 67 to Nov. 28,	19 67, that (I) (we) to				
saw the deceased glive an Nov. 28, 1967, and that death accurred at 12:50th, fram causes and an the date stated of								
22a SIGNATURE	1.	ATTENDING	MED PM STAFF	22b DATE SIGNED				
Cober 1 /Cel	Capu M.	D PHYS. XX	DIRECTOR PHYS D					
22c. PHYSICIAN'S NAME (Type) Robert T. Kelle	ngton, D.C.							
230 BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)				
BuRMOVA (Specify) 12/1/67		n Cemetery	Colmar Man					
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC	4.0	TRAR'S SIGNATURE				
Francis Gasch's Sons Hya	taville. Mary	land DATE OF	C 5 1967 80	learles Judge.				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, with the State Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



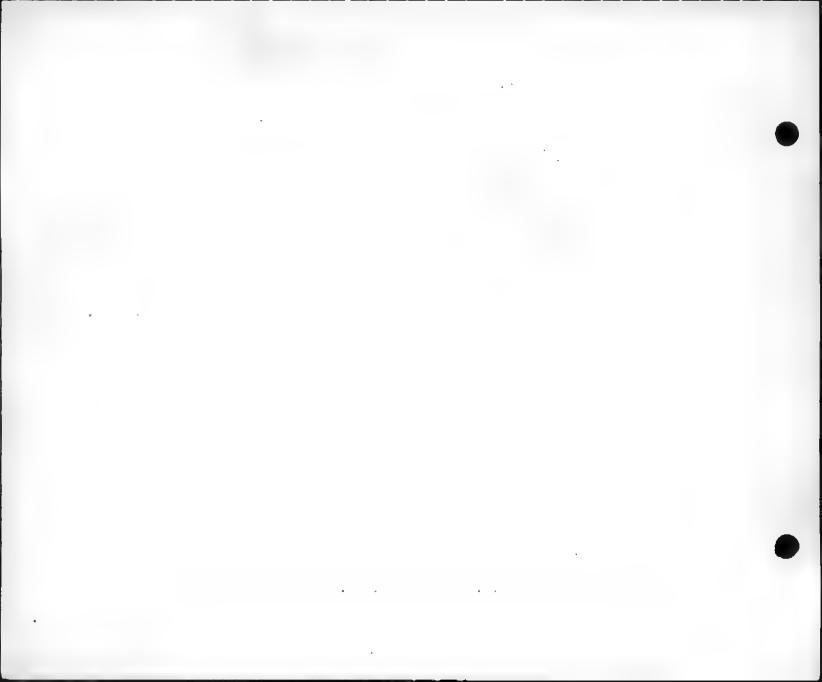
I 2-	tems 18- 2-68 am s	21 Film 39	97 ICAL RI				PARTMENT OF HE W. PRESTON STRE		IMORE, MARY	LAND 21:	201		
	15953	ľ	M	EDICA	L EXAMINE	ER'S	CERTIFICATE O	F DEA	TH	2	50.	42	
1. PLACE OF DEATH O COUNTY Prince George's MARYLAND GATAL MARYLAND MARYLAND MARYLAND Prince									VTY.		6	1}	
	Prin	ce George	S		MARYLA		Maryland	_	Prin	ce Ge			
	B CTI OK TO YAM (III	autside carparate limits give negrest town)	,		LENGTH OF STAY IN	1Ъ	c CITY OR TOWN (four			RAL and giv	e nearest	town)	
-	Che	verly			OA		Boulevard	Heig	ghts			,	***************************************
		L OR INSTITUTION (If no		1			d STREET ADDRESS					IS RESIDE	
		eorge's Ge		L Hos			5102 Byers					ES 1	
	NAME OF DECEASED	Fr			Midd e		Last	4. DATE OF	Mon	1h	Day	Year	,
	(Type or print)	Willia			Ira		White	DEATH		I IF WEDER	14	F NDED	67
2	Male	6 COLOR OR RACE	7 MARR WIDOV	المبيا	NEVER MARRIED DIVORCED	=1	DATE OF BIRTH		9 AGE (In years last birthday)	IF JNDER Months	Days	Hours	Min.
100		White (G ve kind of work done			F BUSINESS OR	LXL	1-16-1922	or fore on a	45 yrs	12 (1	TIZEN OF	WHAT	
dur	ing mast af warking L	fe, even if retired)	'`	INDUSTI	RY		North Ca	~		CP	INBY?		
13.	FATHER'S NAME	d Clerk		_ St	ore	-	14. MOTHER'S MAIDEN N						
		is G White					Mart	ha N.	Mulchi				
15	WAS DECEASED EVER	IN U.S. ARMED FORCES?	, ,	16 SOCIA	. SECURITY NO	17	NFORMANT		Addr	955			
(γ∈	Yes	If yes give war ar dates o	f service)	577	26 3419	Sh	irley M Hall	1.	Gxen Hill	L, M	id.		
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: A sphyzia				INTERVAL BE ONSET AND								
	103.0 DUE TO												
	(Conditions, if any, which gave) (h) Compression of anterior							neck					
	rise to immediate stating the underl		TO										
	last. (c)												
NOI	PART II. OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T					THE TERMINA. D SEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO					D?		
FICAT	20g EXTERNAL CAU	ISF WAS	201	DESCRIB	E HOW INTURY OCC	IIRREN 1	Enter nature of injury in F	Part Lor Po	ort II of item 183		100	IX.	
CERT	PRIMARY Tor CON'						nen wall partition and injured neck						
MEDICAL CERTIFICATION	20c T ME OF INJURY Month Doy, Year 20d IN.JRY OCCURRED 20e PLAC					ACE OF IN.URY (Hame farm, 20f. (City or town) (County) (Stote)					tote)		
MEL	nee n p.m. 11-14 1967 While Not While 1					ory, street, affice bldg., etc.)	Bou	levard H	Igts]	P.G.	Md		
	21 Certify				s described aba	ive, he	d an Autopsy 🔀 ,	Inspect	tian 🕞 Inqi	uiry 🔀,	and	in my o	pinian
	death resulte	ed fram: Nativito	il causes	; 📮, -	Accident 🗷,	Suici	de 🔲, Hamicide		Jndetermined m	ianner 🗌]		
	ACTUAL	1 otan	/	Yo	10	1	CHIEF MEDICAL ASSISTANT MEDI		NED TO		22	. DATE S	IGNED
	SIGNATURE	70		1-4	- V / /		DEPLITY MEDICA		-			. /	
	NAME (Type)	hn Kehoe,	M.D.		verdale,		Address (Street,	, city tawn	, or county)		11-1	5-67	
230	BURIAL, CREMATION BURIAL, CREMATION BURIAL, CREMATION BURIAL, CREMATION	V. 235 DATE IN	196	7 F	t Lincolr	RY OR O			OCAT ON (City or To mar Manor)(Sto	
24	FUNERAL DIRECTOR				ADDRESS		25g RFC D	BY REGIST	IRAR 25b R	GISTRAR'S S	IGNATURE		

VR A15ME (5) 24 FUNERAL DIRECTOR F. Gasch's S

sch's Sons Hyattsville, Md.

250 REC D BY REGISTRAR 256 REGISTRATE NOV 2 0 1967

GISTRAR'S SIGNATURE



952

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRE

CERTIFICA

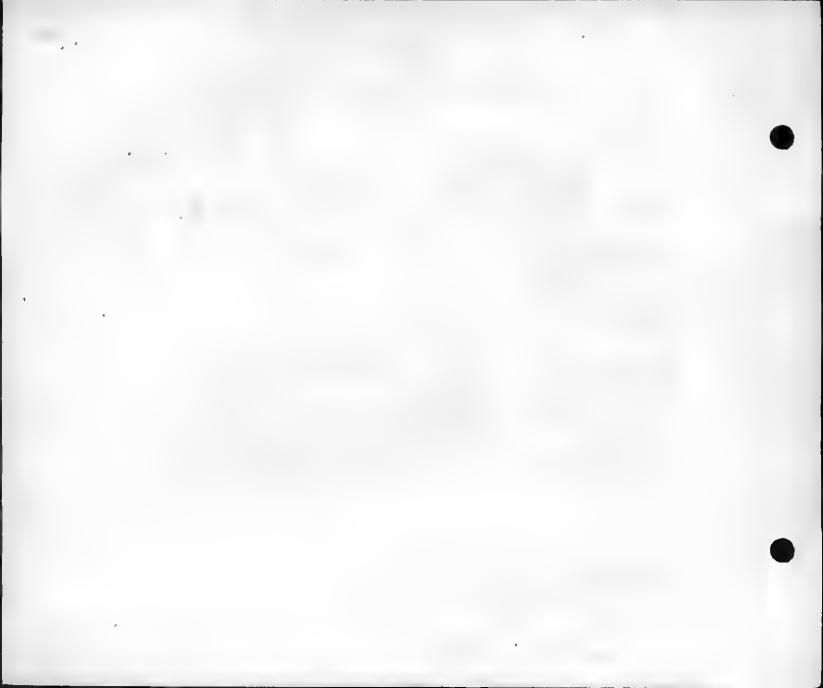
210M	21KE	EI, BALIIMU	KE, MAKTLAND	21201	1	- 1	3.	L.	4
TE (OF	DEATH					-	-16	4

1. PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odm ssion)
Trince General County MARYLAND	o STATE Mary land b county Prince George
b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16	c CITY OR TOWN (It dutside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Oxon Hill
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e IS RES DENCE ON A FARM?
Pine View Gardens Health Care Center	5527 OXON HILL RD. YES NO X
3 NAME OF First Middle DECEASED First	Lost 4. DATE Month Doy Year
(Type or pnnt) Oseph ALVIN	VILIAMO DEATH 3 1961
S. SEX 6 (OLOR OF RACE 7. MARRIED NEVER MARRIED 1	B DATE OF BIRTH 9 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS Months Doys hours Min.
Male White WIDOWED DIVORCED	Cct. 2 1876 9D 15
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Electrican 45 GOVERNMENT	Charles County - Maryland COUNTRY?
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME 3
UNKNOWN	UNKNOWN
(Yes no or unknown) if it was give wor or dates of service)	NFORMANT Address OXON HILL, Md.
NO 578-34-6137/4 L	ORRAINE YOW 5525 OXON HILL Rd.
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) CONSUME (MALL (
DUE TO CLASS - CO	To him to de la line
	it Carborascular distant
stoting the underlying couse DUE TO	
lost. (c) Henelely	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS ALTOPSY PERFORMED?
ANY II' OLUCK ZIQUILICANI COMPILIONZ COLIKBOLING SO DEVILI DOL MOL KETŠEED 10.	YES NO
20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBE MOW INJURY OCCURRED OF CONTRIBE MOW INJURY OCCUR	(Enter nature of injury in Port I or Port II of item 18)
	CE OF INJURY (Home, form, 20f (City or town) (County) (State)
p.m. 19 of work of work	
21. I certify that (I) (this hospital) attended the deceased fram	8-9, 196/, to 1/-3, 1967, that (11) (we) last
	death occurred at 2:12/M, fram causes and on the date stated above.
220 SIGNAPURE	ATTENDING MED STAFF 226 DATE SIGNED
24 PHISTIANS	22d ADDRESS
NAME (Type) PLERED R. ZAPINMI	CLINTON, MD.
230 BURIAL, CREMATION, 236 DATE THEREOF 234 NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)
BURIAL (Specify) 11/6/67 CEDAR HILL C	EMETERY PRINCE GEORGES, MARYLAND
24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4308 Suitland Road Suitland Maryland	DATE NOV 7 1967 Peliante Jusce.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campleter-filled in by the foneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Roges 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after death. VR A15 (4) 25M 1/67

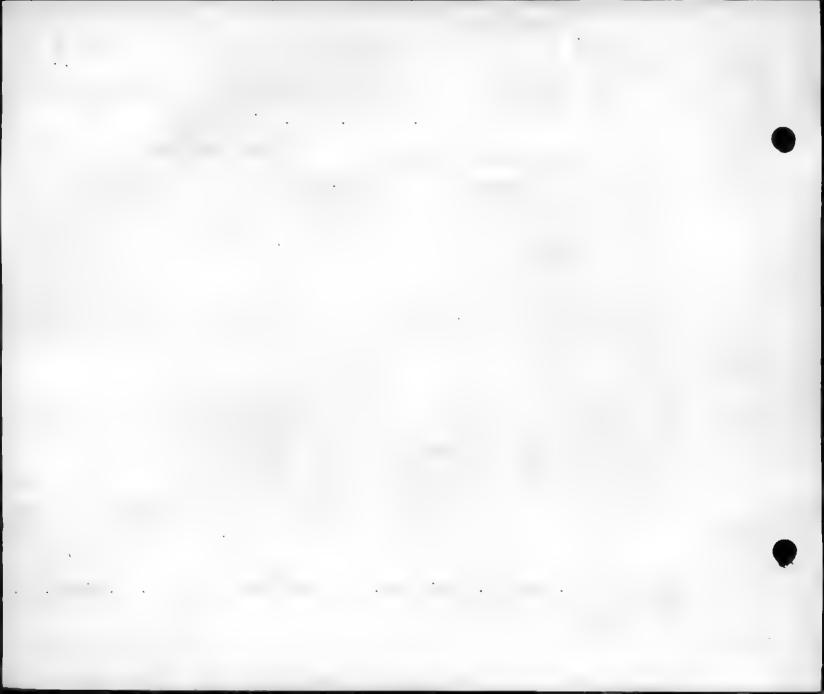
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



′		CERTIFICATE	OF DEATH		13344
1. PLACE OF o. COUNTY Pri	DEATH nce George's	MARYLAND	2. USUAL RESIDENCE (WI	nere deceosed lived, if institution	nn: Residence before odmission) Y George 's
5 CITY OR	TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16		ide corporate limits, write RUR	
	JRAL and give nearest town) Verly	1 Hr. 50 Mins.	Mt. Rain	ier	/ /
d. NAME O	HOSPITAL OR INSTITUTION (If not in bosp	oital, give street address)	d. STREET ADDRESS		8 IS RESIDENCE ON A FARM?
/ Pri	nce George's Gener	al Hospital	3131 Queens	Chapel Road	YES NO S
3. NAME OF DECEASED	First	Middle	Last	4 DATE Month	Doy Year
(Type or p	11711		shnovsky	DEATH	ember 8 1967
S SEX		RIED 🛛 NEVER MARRIED 🔲 🛭	. DATE OF BIRTH	9 AGE (in years lost birthday)	IF UNDER 1 YEAR IF JADER 24 HR Months Days Haurs Min
Male			arch 10. 188	8 79 YIS	
10o USUAL OC	UPATION (Give kind of work done working tite, even if retired)	Ob KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County &	State, ar foreign country)	12 CITIZEN OF WHAT COUNTRY?
U.S. G	overnment	THE COTAT	Russia		U.S.A.
13. FATHER'S			14. MOTHER'S MAIDEN NA	ME	
Unkn			Unknown		
	ASED EVER IN U.S. ARMED FORCES? known) (If yes give war ar dotes af service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Addres	SS
No		577-12-2257 Ber	nard Kippern	an 2205 Reedi	e Drive, Sil. Sp
1B. CAU	E OF DEATH (Enter only one couse per ly			cident	INTERVAL BETWEEN ONSEL AND DEATH
	IMMEDIATE CAUSE (o)	exchial Vaso	celope a	CIOCLLE	2 11/23
	a it and soldish amounts	ZiAbelles Me	leters -		3005
nse to in	mediote couse (o),	1	./	1	5,7,0
stating t	ne underlying couse	EKENALIZE /EN	Lerios cleno	515-	54RS.
PART IL	THER SIGNIFICANT CONDITIONS CONTRIBUT				19. WAS AUTOPSY
, NOE					PERFORMED?
	DENT WAS UNDERLYING [2] 20	Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pa	ort I or Port II of item 18.)	1.5 1.7
OR CONTI	IBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)		•		
3 20c TIM	OF INJURY Manth, Doy, Year 2	Od INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County) (State)
WED	Haur'a m. 19 o	While Nat While factors work of wark	ry, street, affice bldg , etc.)		
21	I certify that (I) (this hospital) a		11/1 19	67_ to_ 11/8	, 19.6.7, that (I) (we) !
saw	the deceased alive/on 11/8	19 67, and that	death accurred at 5	P M, from couses of	and on the date stated obo
22a. SIG	WATURE	2	ATTENDING IS M	ED. STAFF	22b. DATE SIGNED
	ulfe X Much	cuy At MO	PHYS. D	ED. STAFF PHYS D	11/9/67
22c PH	SICUANS AE(Type) Dr. George S.	Delania In	22d. ADDRESS	- T-1 J A	Mar Del Jan Mil
					,Mt.Rainier, Md
230 BURIA., REMOVA BUPI	/Consult A	23c NAME OF CEMETERY OR C		23d LOCATION (City or Tov	
		National Capi		Hillside	Md.
24. PUNEKAL	DIRECTOR Donald M. Ste	in ADDRESS232 Car	roll ZSG. KECO	REGISTRAR 255 REG	SISTRAR'S SIGNATURE

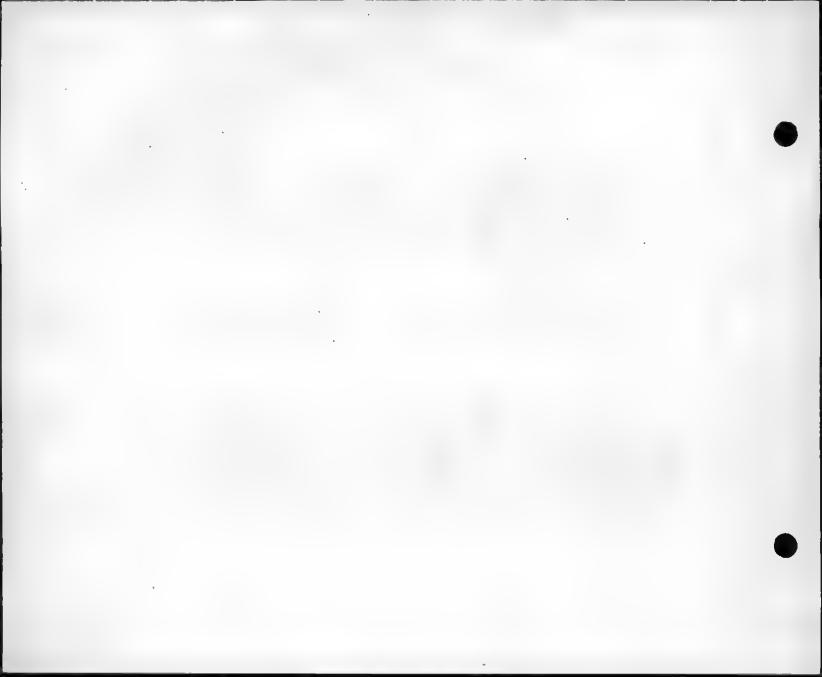
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	1190%		C	ERTIFICATE	OF DEATH		15945
	LACE OF DEATH	^	1		n. STATE	h C018	ion: Residence before admission)
	PRINCE	JECRI		MARYLAND	MAKYLI	TNI	I KING GEORGE
b	CITY OR TOWN (If outside write RURAL and give neo			OF STAY IN 16	c CITY OR TOWN'(If ou	tside corporate limits, write RU	RAL and give nearest town)
	OKEENNI	7	22	The same of the sa	Colleg	E Furk	1 (C. breusener
d	GREEN BEL	',		Iress)	d. STREET ADDRESS ()	17'6 513 AV	e IS RESIDENCE ON A FARM? YES NO
	IAME OF	First	M	ıddle	Last	4. DATE Mon	h Day Year
(1	ECEASED Type or pnnt)	-KANKLIN]	K. W.	ocoeuff'	DEATH I NOV	24 1967
5 51	EX 6 COLOI	R OR RACE 7 M	ARRIED NEVER	MARRIED 8	DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min
	MCA	Ų wi	DOWED 🔀	DIVORCED 🔲	12387	7 C Yrs	
1Do.	USUAL OCCUPATION (Give kind	d of work done	1Db. KIND OF BUSING	SS OR	11 BIRTHPLACE (County	& State or foreign country)	12 CITIZEN OF WHAT COUNTRY?
GUIII	ig roost of working life, even it	i iellied)	THOUSINI C.	1.1		MASS.	25
13.	FATHER'S NAME	Λ			14. MOTHER'S MAIDEN N	IAME	
	LEANKLIN'	HI WOOD	RUFF		LIND	A FITTER	2
IS (Yes,	WAS DECEASED EVER IN U.S. Al , na, or unknown) (If yes give	RMED FORCES? e war or dates of servi	16 SOCIAL SECUR	1 6	nda mod	Ly Cotta	Park, Ind
H	18 CAUSE OF DEATH (Ente	er only one couse per				71 1.15	INTERVAL BETWEEN
	PART I. DEATH WAS CA	AUSED BY. MEDIATE CAUSE (o)	Cande	ac 1	ecanye.	Man VI	ONSET AND DEATH
	4200	DUE TO		1	# / ;	L /	
	Conditions, if any, which go		Certen	resetly	re hea	Di decel	y year
	rise to immediate cause (stating the underlying cou		,	6			
	last.	(c)					
s l	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO TO	ie Terminal disease con	DITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED?
ĬŠ[YES NO
CERTIFICATION	20a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	ING [20b. DESCRIBE HOW	INJURY OCCURRED. (inter nature of injury in I	Part I or Port II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL E	XAMINER)					
MEDICAL	20c. TIME OF INJURY Month	h, Day, Year	2Dd. INJURY OCCURP While Not Wh		OF INJURY (Home, farm ry, street, affice bldg, etc.)	, 20f. (City or town)	(County) (State)
₹	p.m 7	19	at wark of war		ry, street, diffice bldg , etc.)	7	
П	21. I certify that	(I) (this hospital)	attended the de	ceased from	0-01 7,1	8/ to/1-24	, 19, that (I) (we) to
	saw the deteased	glive on / ///-	2-4947 19	//, and that	death occurred at	5 3 M, fram causes	and on the date stated obay
	220 SIGNATURE	1110,	1/11.		ATTENDING -	MED STAFF	22b. DATE SIGNED
		1000	green .	MD	PHYS C	DIRECTOR PHYS. L	720V, 24-196/
Ш	22c. PHYSICIAN'S NAME (Type) Winn	bila di mahasa	1.		22d. ADDRESS	enbelt, Nd.	
].	77] []	. Weintra	.				
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE THEREOF		OF CEMETERY OR C		23d LOCATION (City or To	
0.0	REMOVAL (Specify) Burial	Nov 27, 1		incoln Ce	metery	Colmar Manor	
24.	FUNERAL DIRECTOR Gasch	's Sons	Hyattsvil	le. Md.		NOVER 967	GISTRAR'S SIGNATURE
			A	3	DATE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



FOR STATE		15055		MED	ICAL EXAM	INER'S	CERTIFICA	ATE OF	DEATH		1094	£ 6
EALTH DEEL		PLACE OF DEATH OF COUNTY Prince Geor	role			MARYLAND	o. STATE	DENCE (When	e deceosed lived	b COUNTY	esidence before George	,
y delay is and 3 to PM3. Page artment		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly six hours				c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Upper Marlboro						
de de la company	-	I. NAME OF HOSPITAL OR IN			give street oddress)		d STREET ADD	RESS			e	ON A FARM?
		Prince Geor	ge's Gen	eral	Middle		Lost		DATE OF	Month	Doy	Year Year
after de 8. Give l along w with the	S.	Type or print)	Jame OR OR RACE 7		Danie:		Wright B. DATE OF BIRTI		9. AGE (17 INDER I YEAR Inths Doys	19 67 IF UNDER 24 HR Hours Min
hours after de Item 18. Give F Office along w and 2 with the r death.	1Do	nale Neg USUAL OCCUPATION (Give kin	nd of work done		IND OF BUSINESS O	RCED R	5-10-14	*	oreign country)	yrs.	12. CITIZEN OF COUNTRY?	
		ng most of working life, even	it retired)		NDUSTRY		14. MOTHER'S	MAIDEN NAMI	Mary	land	COUNTRY	
		James Err Was DECEASED EVER IN U.S., s, no, or unknown) (If yes gi			SOCIAL SECURITY N		Mary INFORMANT /	E.	Curtis	1- 16017 C	200. N	· E.
be executed "pending" in hief Medicol E ansit permit. F rent within 72	170	18. CAUSE OF DEATH (Ent	er only one couse	157	7- 28-10	69 El	enora C	Urigh.	t cus	shingto	n, Wil	RVAL BETWEEN
should be e ne word "per o the Chief I burial-transit n any event v		PART I, DEATH WAS O	AUSED BY: MEDIATE CAUSE (o) DUE TO		rebro va	scular	occlusi	ion			ONS	ET AND DEATH
This certificate should tote, writing the word be forwarded to the C be used as a burial-tremoval, and in any ex		Conditions, if ony, which g rise to immediate couse stating the underlying co lost.	(o), (DUE TO		rebral A	rterio	sclerosi	is				
This certilicote, write be forwar lbe used removal,	ATION	PART II. OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINAL DIS	SEASE CONDITI	ON GIVEN IN PA	RT I(a)		WAS AUTOPSY PERFORMED?
# P P a	L CERTIFICATION	2Da. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTI CAUSE OF DEATH.	NG 🗆	20b. DI	ESCRIBE HOW INJUR	Y OCCURRED.	(Enter noture of	injury in Port	I or Port II of i	lem 18.)		
事の本の意	MEDICAL	20c. TIME OF INJURY Mon Hour o.m. p.m.	th, Doy, Yeor	20d I While of wor	NJURY OCCURRED Not While of work		CE OF INJURY (Ho tory, street, office b		20f. (City +	or town)	(County)	(State)
orCal Executors executors are executors and for y ECTOR: Property of burial, or a burial, or a perior of the period o		21. I certify that death resulted from		of the rer	mains described		_	y 🔲 , li amicide 🗆	nspection X	, Inquiry		in my opini
JIY MEDIC. ry, please erol director be retained RAL DIRECT prior to bur		ACTUAL SIGNATURE	chy	No	hot		CHIEF	MEDICAL EXA	-,			2. DATE SIGNE
o DEPUTY MEDICAL EXAN necessary, please execute if the funeral director. Page 4 5 may be retained for your 5 EUNERAL DIRECTOR: Page Health prior to burial, cremo		EXAMINER'S NAME (Type) John K	ehoe M.D	. Ri	verdale.	Maryl	DEPUT	TY MEDICAL EX		ty)	3	1-19-6
TO DEPU necessa the fun 5 may TO FUNE V Health	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THERE 11-20-6	OF	57. Ph		CREMATORY	/	23d LOCATION		(County)	d. (Store)
VR A15ME (\$)		FUNERAL DIRECTOR	2 dama	//	ADDRESS		21. 2	So. BYC'D BY	REGISTRAR 2 2 196	25b. REGISTR	AR'S SIGNATURE	roghe.

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the property of the second of

		15955	CERTIFICATE	OF DEATH	19	347
1 2 2	1. F	LACE OF DEATH COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (Where deceosed live on STATE Maryland	P CULINIA	before odmission)
Sinc	t	write RURAL and give nearest town) Andrews	24 Days	c. CITY OR TOWN (If autside carporate lim Bryan Road	its, write RURAL and give r	nearest town)
25	d	. NAME OF HOSPITAL OR INSTITUTION (If not in hospit- Malcolm Grow USA		d STREET ADDRESS 412 Amhurst Ro	ad	e IS RESIDENCE ON A FARM? YES NO X
	[IAME OF First ECEASED Type or print) William	Middle Mason	Last 4. DATE OF OF DEATH	Month Nov	Doy Year 30 19 67
	S. S	Male Cau WIDOW	ED 🔁 DIVORCED 🗍	8. DATE OF BIRTH 9. AGE NARCH 29. 1895 72	yrs.	Doys Hours Min.
	durii	ng most of working life, even if retired) Salesman	KIND OF BUSINESS OR INDUSTRY Paint	11. BIRTHPLACE (County & Stote, or foreign of St. Louis, Mo.	ountry) 12. CITIZ COUL	TEN OF WHAT NTRY? SA
		FATHER'S NAME William Theadore Zej		Josephine Sull		e
	(Y es		4	nformant lliam E.Zeigler	11305 Keys	
		18. CAUSE OF DEATH (Enter only one cause per line	for (o), (b), ond (c).) ASHD with Rer	al Failure		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove (b)				
		stoting the underlying couse (c) DUE TO				
3	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	CERT	200. ACCIDENT WAS UNDERLYING ☐ 20b OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter noture of injury in Port I or Port II of	ifem 18.)	
	MEDICAL	Hour o.m. W p.m. 19 of	hile Not While fac	ory, street, office bldg., etc.)	or town) (Coun	
		21. I certify that (I) (this haspital) att saw the deceased alive an 30 N	ended the deceased fram			date stated obove
		220. SIGNATURE		D ATTENDING MED. D PHYS. DIRECTOR D 1 22d ADDRESS	STAFF PHYS. 22b. DAT	Nov 67
1	00	22c. PHYSICIAN'S NAME (Type) RUBEN ALTMAN		Malcolm Grow U		
P		BURIAL, CREMATION, 23b. DATE THEREOF REMOVED TO STATE THE STATE OF THE	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION Af I be be seen a second by REGISTRAR.	TLAND	County) (Stote)
71	El	W. W. CHAMBERS CO. 1	VE WASHING	TENDE DATE DEC 4 19	67 Schars sig	as Judge

B'AGGOW MALEY

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William Maron Seivlur 6 100

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